173-6

Department of Health & Mental Hygiene, Vital Records

Birth Certificates

Baltimore City

STATE OF MARYLAND

HR-RM 26
(5-1-54)
Hall of Records Commission

FILE ARRANGEMENT

Numerical Order

Some Birth Certificates are missing at time of filming and have been Lost

STATE OF MARYLAND

HR-RM 28
(2-1-54)
Hall of Records Commission

CERTIFICATION

This is to certify that the microphotographs appearing on this reel are accurate and complete reproductions of the file

Birth Certificates Baltimore City
(Name of file)

of DHMH Vital Records
(Agency).

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Sunhild D Bolander

Date July 27, 1978

STATE OF MARYLAND

HR-RM 36
(4-1-54)
Hall of Records Commission

1896 I

RETURN OF A BIR

To the Office of Registrar of Vital Statistics, Board of He

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Fema
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 1st
4. Place of Birth, (Street and Number) 50 E. Ran
5. Full Name of Mother, Margaret Pete
6. Mother's Maiden Name, Margret
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John C. Pet
9. Father's Occupation, Moterman
10. Father's Birthplace, Baltimore
11. Name of Medical Attendant, or other person who makes this Return, Ellenora.
12. Address, 5 W 5300 S 200
13. Remarks,

C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 6-27-53

RETURN OF A BIRTH. 62162

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Edward ~~J.~~ Rapnick

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 1st 1895
4. Place of Birth, (Street and Number) No 1522 Johnson St
5. Full Name of Mother, Emma Rapnick
6. Mother's Maiden Name, Emma Brant
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Rapnick
9. Father's Occupation Cigarmaker
10. Father's Birthplace, Baltimor

Name of Medical Attendant, or other person who makes this Return, Catherine Horning

Address, No 1517 Byrd St City

Remarks, 8 1/5 0 0 0 0 0 0 2

month, and shall set forth as far as the same can be ascertained the name, the date and place of birth; and the [illegible] parents, the date and place of birth; and the [illegible] sex, color, the full name and occupation of its parents, the date and place of birth; and the [illegible] conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no one in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 65163

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 1. 25
4. Place of Birth, (Street and Number) No 2857 Lanvale
5. Full Name of Mother, Laura Mae Evans
6. Mother's Maiden Name, Laura May Wagleton
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward Dunn Evans
9. Father's Occupation Clerk Water Department
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, M J Dorsey

Address, 2247 Lanvale Balto City

Remarks, 8 7 5 0 0 0 0 0 0 3

W. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and residence of the parents, in the form of a certificate between the first and second schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner

RETURN OF A BIRTH. 62164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, all as to have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	first day of January 1945
4. *Place of Birth, (Street and Number)*	629 E. Easton ave
5. *Full Name of Mother,*	Kate Spence
6. *Mother's Maiden Name,*	Jones
7. *Mother's Birthplace,*	Baltimore, Md
8. *Full Name of Father,*	Frederick Spence
9. *Father's Occupation*	Engineer
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	M A Davenport
Address,	2024 E Pratt St
Remarks,	8 lb 5 oz born at Elsinore Expected

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62165

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 15 95
4. *Place of Birth, (Street and Number)*	1116 Gladstone St
5. *Full Name of Mother,*	Rosa Albert Shearer
6. *Mother's Maiden Name,*	Rosa Albert Bickes
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	John Shearer
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return,	G H Hammerbacher M.D.
Address,	1134 Gladstone St
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, that have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the 1st and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

6 9 5 0 0 0 0 0 0 5

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GIVEN NAME ADDED 9-13-56

RETURN OF A BIRTH. 62166

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Minerva Evelyn Stein

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Hebrew
3. Date of Birth, January first 1896
4. Place of Birth, (Street and Number)
5. Full Name of Mother, Mary Stein
6. Mother's Maiden Name, Mary Friedman
7. Mother's Birthplace, New York
8. Full Name of Father, David Stein
9. Father's Occupation, Bartender
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin M. D.

Address, Johns Hopkins Hospital Broadway & Monument

Remarks:

8 7 5 0 0 0 0 0 0 6

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RETURN OF A BIRTH. 62167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4.
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	1 January
4. *Place of Birth, (Street and Number)*	943 Richardson st.
5. *Full Name of Mother,*	Louise Schwanke
6. *Mother's Maiden Name,*	" Völker
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Wilhelm Schwanke
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Rudy. Mofsman.
Address,	1331 Hull st. L. P.
Remarks,	

8 7 5 U 0 0 0 0 0 0 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63168

CERTIFICATE CORRECTED 16-16

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME- ERNA MINNA ~~Schmidt~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3.
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	January 1~~25~~ 1895
4. *Place of Birth, (Street and Number)*	165 Mulberry st
5. *Full Name of Mother,*	Auguste Schmidt.
6. *Mother's Maiden Name,*	" (~~Heiling~~) KREILING
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Gedge Schmidt
9. *Father's Occupation*	Painter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Rudolf Wagner.
Address,	1331 Bank st. Locust Point
Remarks.	

8 9 5 U 0 0 0 0 0 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62169

GIVEN NAME ADDED 6-17-60

To the Office of Registrar of Vital Statistics, ~~Board of Health~~, Baltimore City.

Name: Otto H. ~~Siemon~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) —
3. Date of Birth, Jan 14 1895
4. Place of Birth, (Street and Number) No 1919 Gough Str.
5. Full Name of Mother, Lutie Siemon
6. Mother's Maiden Name, Steiner
7. Mother's Birthplace, Williamsport
8. Full Name of Father, Otto H. Siemon
9. Father's Occupation Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. L. Gress

Address, No. 1907 E. Monument Str.

Remarks. 8950000009

month, and shall set forth as the same is ascertained of its parents, the date and place of birth and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 6 21 70

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Jan 1st 1893
4. Place of Birth (Street and Number),	408 E. Preston
5. Full Name of Mother,	Mrs. Bridget Duffy
6. Mother's Maiden Name,	McCann
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	James Duffy
9. Father's Occupation,	Coachman
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	Jno Brodet Beyle
Address,	
Remarks,	8 9 5 0 0 0 0 0 1 0

register of such birth, and shall [illegible] the births which have occurred under [illegible] (if any shall have occurred) to be registered. This schedule shall contain a list of the births which have occurred under the care of each physician or midwife since the last day on which a birth was registered, and shall state the full name of each child, (if any shall have been named), its sex, color, the date and place of birth, and the full name and occupation of its parents, the date and place of birth, and the full name and occupation of the physician or midwife in attendance upon the mother. This schedule shall be delivered by the practitioner in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, and any such person or persons shall be delivered, duly signed by the practitioner in the form of a certificate upon the birth to shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the full name and occupation of the physician or midwife in attendance upon the mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 6171

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: George Howard Wooden

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 2 1895
4. Place of Birth, (Street and Number) 1114 E Chase
5. Full Name of Mother, Louisa Wooden
6. Mother's Maiden Name, Harryman
7. Mother's Birthplace, Balto
8. Full Name of Father, Thomas G. Wooden
9. Father's Occupation, Painter
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return. J. B. Edwards M.D.

Address, 1063 N Eutaw

Remarks,

0 9 5 0 0 0 0 0 1 1

Health. This schedule shall contain a list of the births which ... the full name of each child, ... shall have month, and shall set forth as far as the same can be ascertained the full name of each child, ... been conferred) its sex, color, the full name and occupation of its parents, the date and place ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between ... third day of each and every month to the office of the Commissioner of Health. In case the birth ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 65172

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such births and shall contain a list of the births [illegible] the full name of each child born, and the month, and shall set forth as far as the same can be ascertained the full name of each child born; and the Health. This schedule shall contain the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 2. 1895.
4. Place of Birth, (Street and Number) 120 S York St
5. Full Name of Mother, Annie R. Wilson
6. Mother's Maiden Name, Annie R Hearns
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William H Wilson
9. Father's Occupation, Labor
10. Father's Birthplace, Alexandria Va

Name of Medical Attendant, or other person who makes this Return, Louisa Hardy Cook

Address, 926 S York St City

Remarks, 8950000012

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63173

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Jan. 2. 1895
4. Place of Birth, (Street and Number)	521 Mosher
5. Full Name of Mother,	Katherine Willoughby Ostendorf
6. Mother's Maiden Name,	"
7. Mother's Birthplace,	Baltimore Md ?
8. Full Name of Father,	Eugene Willoughby.
9. Father's Occupation,	Clerk
10. Father's Birthplace,	St. Louis, Mo.
Name of Medical Attendant, or other person who makes this Return,	J. Edward Janney M.D.
Address,	837 N. Eutaw St
Remarks,	8 7 5 0 0 0 0 0 1 3

register of births. This schedule shall contain a list of all births to be ascertained the full name and place of birth; and the date and place of birth; and health. This schedule shall contain a list of all births to be ascertained the full name and place of birth; and the same can be ascertained the date and place of birth; and as far as the same can be ascertained the date and place of birth; and month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the first and been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the first and month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the first and health. This schedule shall contain a list of all births to be ascertained the full name and place of birth; and the first and

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CERTIFICATE CORRECTED 11-12-59

RETURN OF A BIRTH. 65174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Miller

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 of January 1895
4. Place of Birth, (Street and Number) 2042 Fountain St.
5. Full Name of Mother, Therese ~~Weiss~~ Miller
6. Mother's Maiden Name, = Tresch
7. Mother's Birthplace, Balto
8. Full Name of Father, ~~William Weiss~~ William Miller
9. Father's Occupation Laborer
10. Father's Birthplace, Schleswig (Germ)

Name of Medical Attendant, or other person who makes this Return, Mrs. G. Weiss.

Address, 2122 Canton Av.

Remarks, 8950000014

register of such births shall contain a list of the births entered, the full name of each child, the date and place of birth; and the Health. This schedule shall contain as far as the same can be ascertained the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of their marriage, and whether it be the first and been conferred) its sex, color, the full name and occupation in the form of a certificate hereinafter prescribed, which shall be signed by the practitioner in case the birth of any child said schedule shall be delivered, duly signed by the practitioner of Health. In case there be no such practitioner, or should no other person be in third day of each and every month to the office of the Commissioner of midwifery, or of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents required, and shall occur without the attendance of a physician or practitioner as aforesaid, then and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 62175

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall be so filled out as far as the same can be ascertained, the date and place of birth, and shall set forth as far as the same can be ascertained, the date and place of birth, the first and month, and shall set forth as far as the same can be ascertained, the date and place of birth, the first and full name and occupation of its parents, the date and place of marriage of the parents, and been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the birth of any child said schedule shall be delivered, duly signed by the practitioner, or midwife, if any, in attendance, or if there be no such practitioner or midwife in attendance upon

RETURN OF A BIRTH. 62176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of births. This schedule shall contain a full and correct statement of all the facts required to be ascertained the full name of the child, if it has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan 2nd 1895
4. Place of Birth, (Street and Number) No. 12 Mendele Lane
5. Full Name of Mother, Picka Heidleger
6. Mother's Maiden Name, Picka Pilza
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Heidleger
9. Father's Occupation Butcher
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

8 9 5 0 0 0 0 0 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such births. This schedule shall contain a list of the births [illegible] the full name of each child born, and the Health. This schedule shall contain a list of the births [illegible] ascertained the full name of each child born; and the month, and shall set forth as far as the same can be ascertained the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Jan 2/95
4. *Place of Birth, (Street and Number)*	29 N. Bond st B. H. Maternite
5. *Full Name of Mother,*	Lucinda Powell
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Balto. City
8. *Full Name of Father,*	Wallie Powell
9. *Father's Occupation,*	Packer
10. *Father's Birthplace,*	Unknown
Name of Medical Attendant, or other person who makes this Return	J. C. Ohlendorf Jr. M. D.
Address,	518 N. Bond st
Remarks,	

8950000017

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 65178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 the

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 of January
4. *Place of Birth, (Street and Number)* 2218 Canton Ave.
5. *Full Name of Mother,* Mary Ost
6. *Mother's Maiden Name,* Steiner
7. *Mother's Birthplace,* Babenita (Hungarien)
8. *Full Name of Father,* Joseph Ost
9. *Father's Occupation* baker
10. *Father's Birthplace,* Dunnersdorf (Bavaria)

Name of Medical Attendant, or other person who makes this Return, Mrs E. Weiss.

Address, 2122 Canton Ave.

Remarks,

8750000018

Health. This Schedule must be filled out as far as the same can be ascertained the first week of the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the name (if any has been conferred) its sex, color, the full name and occupation of midwifery, or should no other person be in said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

A RETURN OF A BIRTH. 62179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained, the date and place of birth, and the full name and occupation of its parents, the date and place of birth, and the full name and occupation of the parents of each child born alive (whether it be the first child born or not, and whether the same be born in wedlock or not), and if the child be not the first born, the number of children previously born to the mother (including those born dead, if any, and stating how many of them, if any, are living), and the number of children

RETURN OF A BIRTH. 62180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, 2 Jan Jurtum 1936
4. Place of Birth, (Street and Number)
5. Full Name of Mother, Florida Lyons
6. Mother's Maiden Name, Florida Johnson
7. Mother's Birthplace, Deer Lee Junior
8. Full Name of Father, Frank Lyons
9. Father's Occupation waiter
10. Father's Birthplace, Willington N. C.

Name of Medical Attendant, or other person who makes this Return, Luisa Ivatora

Address, 1012 Durham st

Remarks,

1 8 9 5 0 0 0 0 0 0 2 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a true return to be ascertained the full name of each child, if any, and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62181

A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 the

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 2 of January
4. *Place of Birth, (Street and Number)* 2519 Forster Ave.
5. *Full Name of Mother,* Elise Baumgärtner
6. *Mother's Maiden Name,* single
7. *Mother's Birthplace,* Balto=
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Mrs G. Weiss

Address, 2122 Canton Ave.

Remarks,

8 9 5 0 0 0 0 0 2 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63182

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edwin George Gail

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 3 Jan, 1895
4. Place of Birth, (Street and Number) 173 E. Gay St
5. Full Name of Mother, Amelia (Cole) Gail
6. Mother's Maiden Name, (Cole) Geercken
7. Mother's Birthplace, Balto Md
8. Full Name of Father, George (Cole) Gail
9. Father's Occupation Baker
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Thos R Illig

Address, 1302 Edmondson Ave

Remarks,

18950000022

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the date and place of birth, and the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62183

GIVEN NAME ADDED 7/11/60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Columbus ~~Jerome~~ O'Donnell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 3 1895
4. Place of Birth, (Street and Number) 1526 Pratt St
5. Full Name of Mother, Annie O'Donnell
6. Mother's Maiden Name, Annie Hevlin
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John H. O'Donnell
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Louise Lizora

Address, 1010 Dunham Ct

Remarks,

8950000023

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This blank set forth as far as the same can be ascertained the full name and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62184

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Coloured
3. *Date of Birth,* January 3rd
4. *Place of Birth, (Street and Number)* 204 Division St
5. *Full Name of Mother,* Henrietta Robert
6. *Mother's Maiden Name,* Henrietta Gray
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Alfred A Robert
9. *Father's Occupation* Porter
10. *Father's Birthplace,* St Thomas Danish W I

Name of Medical Attendant, or other person who makes this Return, Mrs M E Smith

Address, 1-63 Dolphin St

Remarks, in perfect health

8450000024

(been conferred) its sex, color, the full name and occupation of its parents, and the date and place between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62185

A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd one
1. *Sex, (state whether ~~male~~ or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Jan 3rd 1895
4. *Place of Birth, (Street and Number)*	546 Monument street
5. *Full Name of Mother,*	Hattie M. Ayers
6. *Mother's Maiden Name,*	Hattie M. Kelly
7. *Mother's Birthplace,*	Hereford Co
8. *Full Name of Father,*	Wm H Ayers
9. *Father's Occupation*	Wagoner
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Dr G H Kumpe
Address,	708 Ensor St
Remarks,	Full developed

8950000025

Wm. J. C. Dulany Co., City Printers and Stationers.

A.

RETURN OF A BIRTH. 62186

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex,* (state whether male or female) Male
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth,* Jan 3/25
4. *Place of Birth,* (Street and Number) 1404 E Lombard St.
5. *Full Name of Mother,* Sara Bas
6. *Mother's Maiden Name,* Sara Berman
7. *Mother's Birthplace,* Rossiena Russia
8. *Full Name of Father,* Moses Bas
9. *Father's Occupation,* Taylor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return.

Address, Ayette E Lansman M.D.

Remarks, 1022 E Lombard St.

0750000026

Wm. J. C. Dulany & Co., City Printers and Stationers.

GIVEN NAME ADDED. 10-5-53

RETURN OF A BIRTH. 62187

A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Gussie Berman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 3/95
4. Place of Birth, (Street and Number) 205 E Eberndale St
5. Full Name of Mother, Ettie Berman
6. Mother's Maiden Name, Ettie Gotch
7. Mother's Birthplace, Pacro R.
8. Full Name of Father, Harris Berman
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Besk R

Name of Medical Attendant, or other person who makes this Return.

Address, Yettie Glaviansky

Remarks, 1022 E Lombard St.

8 4 5 0 0 0 0 0 2 7

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...set forth as far as the same can be ascertained at the time of its parents, the date and place of birth, the first and ...month, and shall set forth as far as the same can be ascertained at the time of its parents, the date and place of birth, the first and ...been conferred,) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and month, and shall set forth as far as the same can be ascertained by the practitioner of Health. In case the birth of any child been conferred,) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner of Health, or should no other person be in said schedule shall be delivered, duly signed by the Commissioner of Health, or should no other person be in third day of each and every month to the office of the Commissioner of midwifery, or should no other person or parents of such third day of each and every month to the office of or practitioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall occur without the mother, immediately thereafter it shall become the duty of the person above required, and shall occur without the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62188

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 4th 1895
4. Place of Birth, (Street and Number) Baltimore. 639 Howard St
5. Full Name of Mother, Mary Louise Young
6. Mother's Maiden Name, Mary Louise Wilson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward Young
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Melley Gross

Address, 17 Hiram Street

Remarks, 1895000000028

month, and shall set forth as far as the same can be ascertained of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 62189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	No. of Child of Mother. 9
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January. 4. th. 1895
4. Place of Birth, (Street and Number)	No 125. N. Durham. St.
5. Full Name of Mother,	Maggie Gossmann.
6. Mother's Maiden Name,	A. A. Amling.
7. Mother's Birthplace,	Baltimore. M. D.
8. Full Name of Father,	Frederick Gossmann.
9. Father's Occupation,	Cooper
10. Father's Birthplace,	Baltimore. M. D.
Name of Medical Attendant, or other person who makes this Return,	Susan. Hooper.
Address,	123. No. Durham. St.
Remarks,	No Remarks.

8 4 5 0 0 0 0 0 2 9

been conferred) its sex, color, the full name and occupation of the parents, in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. [illegible] as far as the same can be ascertained the [illegible] and place of birth; and the month, and shall set forth as far as the same can be ascertained the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 the

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4 th January
4. *Place of Birth, (Street and Number)* 2421 Canton Ave.
5. *Full Name of Mother,* Mary Leitz Schatz
6. *Mother's Maiden Name,* = Leitz
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Geo. Schatz
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs E. Weiss

Address, 2122 Canton Ave.

Remarks,

8 9 5 0 0 0 0 0 3 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62191

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4th January
4. *Place of Birth, (Street and Number)* 832 Canton St
5. *Full Name of Mother,* Margie West
6. *Mother's Maiden Name,* = Kirby
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Columbus West
9. *Father's Occupation* Manager of Livery & Stable
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs G. Weis

Address, 2122 Canton Ave.

Remarks,

8 7 5 0 0 0 0 0 3 1

Health. This schedule shall contain a list of the births [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any name has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Over

RETURN OF A BIRTH. 62192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William F. ~~Hempel~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third child

1. Sex, (state whether male ~~or female~~) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, January 4th ~~(1894)~~ 1895
4. Place of Birth, (Street and Number) 1107 Valley Street,
5. Full Name of Mother, Elsie Belle Hempel,
6. Mother's Maiden Name, Elsie Belle Warner,
7. Mother's Birthplace, Frederick County, Md.,
8. Full Name of Father, John Frederick Hempel,
9. Father's Occupation Physician,
10. Father's Birthplace, Baltimore City,

Name of Medical Attendant, or other person who makes this Return, J. F. Hempel, M.D. and J. F. Couch, M.D.

Address, 1213 E. Biddle St. — Cor. Eager & Wilcox Sts.

Remarks, 8950000032

month, and shall set forth as far as the same can be ascertained the name and occupation of its parents, the date and place of birth, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, been conferred) its sex, color, the full name and occupation in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

A

RETURN OF A BIRTH. 62193

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 4/95
4. *Place of Birth, (Street and Number)* 1026 Granby St
5. *Full Name of Mother,* Sara Jacobson
6. *Mother's Maiden Name,* Sara Mones
7. *Mother's Birthplace,* Courey R.
8. *Full Name of Father,* Hyman Jacobson
9. *Father's Occupation.* Peddler
10. *Father's Birthplace,* Pegas R.

Name of Medical Attendant, or other person who makes this Return.

Address, Wells & Canaansky

Remarks, 1026 E Lombard St

8 7 5 0 0 0 0 0 3 3

Health. This schedule [illegible] the same can be ascertained [illegible] month, and shall set forth as far as the same can be ascertained the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 62194

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	F.
2. *Race or Color, (if not of the white race)*	W.
3. *Date of Birth,*	January 4th
4. *Place of Birth, (Street and Number)*	1127 E. Lombard St.
5. *Full Name of Mother,*	Ida Becker.
6. *Mother's Maiden Name,*	Ida Lowenberg
7. *Mother's Birthplace,*	Russia.
8. *Full Name of Father,*	Louis Becker.
9. *Father's Occupation,*	Saloon
10. *Father's Birthplace,*	Russia.
Name of Medical Attendant, or other Person who makes this Return	Myer Litchenstein M.D.
Address,	U. S. Castle Street
Remarks,	

8 7 5 0 0 0 0 0 3 4

ANY & CO., CITY PRINTERS AND STATIONERS

over

RETURN OF A BIRTH. 63195

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Margaret Rampes

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 4 1895
4. Place of Birth, (Street and Number) Jackson st and Fells (tenement) point alley
5. Full Name of Mother, Katie Mc (Rampes) Rampes
6. Mother's Maiden Name, Katie Mc Knight
7. Mother's Birthplace, Ireland
8. Full Name of Father, Christ (Rampes) Rampes
9. Father's Occupation Stone Cutter
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 234 Gough

Remarks,

8 4 5 0 0 0 0 0 3 5

This schedule shall contain a list of the names of each child, of any age, born each month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH 62196

of Registrar of Vital Statistics, Board of Health, Baltimore City.

Helen Mary Hayward

ber, (state whether 1st, 2d, 3d, &c.) 3

er male or female) female

if not of the white race) white

Jany 4th 1895 4 a.m.

, (Street and Number) 719 W Fayette St

Mother, Nettie Hayward

den Name, Nettie Eichelberger

hplace, Germantown Balto Co

Father, Sidney Hayward

atty at Law

upation,

rthplace, Otsego Co. N.Y.

dical Attendant, or other person who makes this Return, A. Y. Carton

CHECK RANGE ADDED. 5-28-53

A.M.

8950000036

RETURN OF A BIRTH 62197

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	M.
2. *Race or Color, (if not of the white race)*	W.
3. *Date of Birth,*	January 4. 1895.
4. *Place of Birth, (Street and Number)*	32 S. Mt. Howard Ave.
5. *Full Name of Mother,*	Pauline Steiger.
6. *Mother's Maiden Name,*	Gorman.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Peter Steiger.
9. *Father's Occupation,*	Trunk Manufacturer
10. *Father's Birthplace,*	Austria
Name of Medical Attendant, or other Person who makes this Return	Asper White Lind. Rees
Address,	330 N. Charles St.
Remarks,	

8750000037

within six days thereafter, stating distinctly the date of birth, sex, and color of child born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...NY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 12-8-55

RETURN OF A BIRTH. 63198

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Gustav Necker	
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan. 4 — 35
4. Place of Birth, (Street and Number)	1109 W. Lexington St.
5. Full Name of Mother,	Amalia Necker
6. Mother's Maiden Name,	Fischer
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Johan Necker
9. Father's Occupation	Piano-maker
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	L. L. Ingraham
Address,	418 S. Paca St.
Remarks,	

8 9 5 0 0 0 0 0 3 8

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month, and shall set forth as far as the same can be ascertained the names of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 6 5199

GIVEN NAME ADDED 9-16-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Americus Toles

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) No of child of Mother 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January [illegible]
4. Place of Birth, (Street and Number) 626 N. Dallas St
5. Full Name of Mother, Mary Toles
6. Mother's Maiden Name, Woodby
7. Mother's Birthplace, Lakenstead Va
8. Full Name of Father, Griffin Toles
9. Father's Occupation, Labor
10. Father's Birthplace, Lakenstead Va

Name of Medical Attendant, or other person who makes this Return, Susan Hooper

Address, No 123 N Durham St

Remarks, No Remarks

8 Y 5 U 0 0 0 0 3 9

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RETURN OF A BIRTH. 65500

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 5 1895.

4. Place of Birth, (Street and Number) 1911 Mc. Elderry St

5. Full Name of Mother, Caroline S. Holuman

6. Mother's Maiden Name, Caroline S. Bauernschmidt

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Fred. W. Holuman

9. Father's Occupation Clerk

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Lizzie Eastfield M.D.

Address, 700 S. Broadway

Remarks, Dead born

595 0 0 0 0 0 0 4 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63301

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female).* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 5 Jan
4. *Place of Birth, (Street and Number)* 211 N. Gay St
5. *Full Name of Mother,* Maggie Schultz
6. *Mother's Maiden Name,* Young
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Richard Schultz
9. *Father's Occupation* Saloon
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs R Illig

Address, 1302 E Lexington

Remarks,

8950000041

been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth, and the name of the physician or midwife present at the birth, if any, and shall deliver a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62202

A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Illegible

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 5 January
4. Place of Birth, (Street and Number) 714 Stirling St
5. Full Name of Mother, Amelia Graeve
6. Mother's Maiden Name, Jacob
7. Mother's Birthplace, Balto Md
8. Full Name of Father, John Graeve
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs R Ulrig

Address, 302 Edmonson St

Remarks,

8 4 5 0 0 0 0 0 4 2

month, and shall state the full name and occupation of its parents, the date and place of birth, first and last name (if it has been conferred) its sex, color,

RETURN OF A BIRTH. 62203

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. d
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white.
3. Date of Birth, 5th January 1894.
4. Place of Birth, (Street and Number) No 137. Riverside Ave.
5. Full Name of Mother, Annie Dillman
6. Mother's Maiden Name, Annie Hoffman.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jacob Dillman
9. Father's Occupation Baker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mr. Nathan Harvey

Address, No. 1517. Lyon St.

Remarks, 8 9 5 U 0 0 0 0 4 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65204

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Name, Herbert Austin Getter

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 5
4. Place of Birth, (Street and Number) 302 N Gilmor St
5. Full Name of Mother, Carrie L Getter
6. Mother's Maiden Name, Carrie L Streett
7. Mother's Birthplace, Balt Md
8. Full Name of Father, Edward L Getter
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balt Md

Name of Medical Attendant, or other person who makes this Return, Robert K Kucan

Address, 220 N Gilmor St

Remarks,

8 7 5 U 0 0 0 0 4 4

said schedule shall be delivered, duly signed by the practitioner in charge, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

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RETURN OF A BIRTH. 61205

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	January 5
4. *Place of Birth, (Street and Number)*	1007 Rebecca St
5. *Full Name of Mother,*	Gerta Hall
6. *Mother's Maiden Name,*	Gerta Thomas
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Hall
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Geraldine Jones
Address,	1066 Rebecca St
Remarks,	Duke from Cold

6 9 5 0 0 0 0 0 4 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65506

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	June 5 1895
4. *Place of Birth, (Street and Number)*	1621 N Gilmor St.
5. *Full Name of Mother,*	Lena Miller
6. *Mother's Maiden Name,*	Lena Rupp
7. *Mother's Birthplace,*	Balto. Md
8. *Full Name of Father,*	Louis Miller
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Edw. C. Burkert M.D
Address,	1608 N. Gilmor St.
Remarks,	8 9 5 0 0 0 0 0 4 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65507

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, fifth January 1895
4. Place of Birth, (Street and Number) 139 S. Exeter St
5. Full Name of Mother, Rosey Levinson
6. Mother's Maiden Name, Abramowitz
7. Mother's Birthplace, Russia Home State
8. Full Name of Father, Jacob Levinson
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia Home State

Name of Medical Attendant, or other person who makes this Return, Flinder M.D.

Address, 143 N. Fourth

Remarks, 8950000047

month, and shall set forth as far as the same can be ascertained the name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62508

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 5 / 95
4. Place of Birth, (Street and Number) #307 N. Exeter Street Balto.
5. Full Name of Mother, Zlotta Shapierah
6. Mother's Maiden Name,
7. Mother's Birthplace, Russia
8. Full Name of Father, Simon Shapirah
9. Father's Occupation Pants Shop
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Lena Barker

Address, #41 E. York Street Balto.

Remarks,

8950000048

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63509

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 4 th

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, Jan 5 95
4. *Place of Birth*, (*Street and Number*) 1021 E Lombard St.
5. *Full Name of Mother*, Rachel Melncoe
6. *Mother's Maiden Name*, Rachel Melncoe
7. *Mother's Birthplace*, Saden R.
8. *Full Name of Father*, Gersan Melncob
9. *Father's Occupation*, Caylor
10. *Father's Birthplace*, Saden

Name of Medical Attendant, or other person who makes this Return.

Address, Yale Clausanshey

Remarks, 1021 E. Lombard St

1 8 9 5 0 0 0 0 0 4 9

month, and shall set forth as far as the [illegible] occupation of its parents, the date and place of birth, the date when the first and been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, the date when the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 63210

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8950000050

been conferred) its sex, color, the full name and occupation of the parents in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner, or midwife, or, should no other person be in attendance upon the mother, immediately after its birth, to the office of the Commissioner of Health, or should no other person or parents of such child to report its birth to the Commissioner of Health, or practicner of midwifery, of the person or parents of such shall occur without the attendance of a physician or practicner of midwifery, it shall become the duty of the period above required, and attendance upon the mother hereafter fail to comply with the provisions of this section shall be subany such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62211

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Twins
1. Sex (state whether Male or Female)	1st child male 2d Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Jan 5th 1895
4. Place of Birth (Street and Number)	670 W. Fayette St
5. Full Name of Mother	Emma Speltd
6. Mother's Maiden Name	Emma Ochs
7. Mother's Birthplace	North Germany
8. Full Name of Father	Gottlieb Speltd
9. Father's Occupation	Saleesman
10. Father's Birthplace	Austria
Name of Medical Attendant, or other Person who makes this Return.	C. R. Uhler MD
Address	661 W. Fayette St
Remarks	

8 Y 5 U 0 0 0 0 5 1

Physicians, Midwives, or other persons having charge of any case of birth, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 65512

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, 6 Jan
4. Place of Birth, (Street and Number) 400 Forest Pl
5. Full Name of Mother, Katie Koenig
6. Mother's Maiden Name, " Buchler
7. Mother's Birthplace, Balto, Md
8. Full Name of Father, Charles Koenig
9. Father's Occupation, Baker
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Wm R Illig

Address, 1302 Lexington Pl

Remarks,

8 9 5 0 0 0 0 0 5 2

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been conferred) its sex, color, the full name and occupation of the parents, in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65513

A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Forth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 6. 1895
4. *Place of Birth, (Street and Number)*	1225 Riverside Ave
5. *Full Name of Mother,*	Lulu Pickett
6. *Mother's Maiden Name,*	Lulu Clabaugh
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	L. E. Pickett
9. *Father's Occupation*	Engineer
10. *Father's Birthplace,*	Jefferson Co. W. Va.
Name of Medical Attendant, or other person who makes this Return,	B. F. Phillips
Address,	753 W. Lexington St
Remarks,	8950000053

month, and shall state the full name and occupation of its parents, the date and place of birth of the first and each child born alive, the sex, color,

RETURN OF A BIRTH. 63214

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6 of January
4. Place of Birth, (Street and Number) 201 Rose St.
5. Full Name of Mother, Lehmeijer
6. Mother's Maiden Name, Lebhardt
7. Mother's Birthplace, Bavaria
8. Full Name of Father, Lehmeijer
9. Father's Occupation Laborer
10. Father's Birthplace, Bavaria

Name of Medical Attendant, or other person who makes this Return, Mrs E. Weiss

Address, 2122 Canton Ave

Remarks,

1895 0 0 0 0 5 4

month, and shall set forth [illegible] the full name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63515

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th.
	Sex, (state whether male or female)	Female
1.	*Race or Color, (if not of the white race)*	
2.	*Date of Birth,*	Jan. 6th. 1895 ~~1121 N. Howard st.~~
3.	*Place of Birth, (Street and Number)*	1121 N. Mount st.
4.	*Full Name of Mother,*	Helen Funk.
5.	*Mother's Maiden Name,*	Stewart.
6.	*Mother's Birthplace,*	Balto. Md.
7.	*Full Name of Father,*	Jacob Funk.
8.	*Father's Occupation,*	Carpenter
9.	*Father's Birthplace,*	Md.
10.	*Name of Medical Attendant,* or other person who makes this Return,	O. Edward Janney, M.D.
	Address,	837 N. Eutaw st
	Remarks,	8950000055

month, and shall set forth the full name and occupation of its parents, the date and place of birth, and the sex, color, the full name of the child, duly signed by the practitioner in the form of a certificate between the first and been conferred) its said schedule shall be delivered, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to a physician or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

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RETURN OF A BIRTH. 65216

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 6 95
4. *Place of Birth, (Street and Number)*	1510 Riggs Av.
5. *Full Name of Mother,*	Margaretha Louise Engel
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Henry Louis Weber
9. *Father's Occupation*	Grocer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	C. H. Goodwin
Address,	418 S. Paca St.
Remarks,	8450000056

Wm. J. C. Dulany Co., City Printers and Stationers.

A

RETURN OF A BIRTH. 62217

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, Jan 6th 1895. — 2 10 P.M.
4. Place of Birth, (Street and Number) 705 Appleton St.
5. Full Name of Mother, Pauline G. Emerich
6. Mother's Maiden Name, " Marks
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Richard C. Emerich
9. Father's Occupation Clerk
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. G. Shreffler M.D.

Address, 25 N Parkin St.

Remarks, 1895 00000057

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62218

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 the

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2nd January
4. Place of Birth, (Street and Number) 518 Madison Alley
5. Full Name of Mother, Mimi Günther
6. Mother's Maiden Name, = Sold.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Günther
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs G. Weis.

Address, 2192 Eastern Ave.

Remarks,

8 4 5 0 0 0 0 0 5 8

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62219

A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 7/95.

4. Place of Birth, (Street and Number) Eastern Police Station

5. Full Name of Mother, Mrs. Lena Smith (Widow)

6. Mother's Maiden Name, Miss Lena Collins

7. Mother's Birthplace, Virginia

8. Full Name of Father, Peter Jones

9. Father's Occupation Carpenter

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, A. Bachman Jr. M.D.

Address, 700 S. Bond

Remarks, 8950000059

(Being conferred) its sex, color, the full name and occupation of its parents, and the number between the first and been conferred, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 7, 95.
4. *Place of Birth, (Street and Number)* 117 Leigh Av. St.
5. *Full Name of Mother,* Rosa Cohen
6. *Mother's Maiden Name,* Rosa Stern
7. *Mother's Birthplace,* Frankfort o Germany
8. *Full Name of Father,* Joseph Cohen
9. *Father's Occupation* Glove Maker
10. *Father's Birthplace,* Russ Poland

Name of Medical Attendant, or other person who makes this Return, D. W. Scott M.D.

Address, 1013 Leigh Av St

Remarks, 8950000060

month, and shall set forth as far as the same can be ascertained the name, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J C. Dulany Co,. City Printers and Stationers.

A RETURN OF A BIRTH. 65221

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 8 January
4. *Place of Birth, (Street and Number)* 101 N Dallas St
5. *Full Name of Mother,* Mary Hinkleman
6. *Mother's Maiden Name,* Frank
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Frank Hinkleman
9. *Father's Occupation* Boiler maker
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs R Ellig

Address, 302 Lexington St

Remarks,

8 9 5 0 0 0 0 0 6 1

been conferred) its sex, color, the full name and occupation of its parents, the time and place of its birth, and the number of children born to the mother, including the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 52222

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 8th 1895
4. *Place of Birth, (Street and Number)*	203 N. Poppleton St
5. *Full Name of Mother,*	Kate S. Anderson
6. *Mother's Maiden Name,*	" Silversluh
7. *Mother's Birthplace,*	Wheeling W. Va
8. *Full Name of Father,*	George F Anderson
9. *Father's Occupation*	Smith B & O. R.R.
10. *Father's Birthplace,*	Bc.
Name of Medical Attendant, or other person who makes this Return,	Harvey Lee MD
Address,	827 N. Arlington Ave
Remarks,	8950000062

A penalty, not exceeding ten (10) dollars, is imposed by the Ordinance for each neglect to report the name, sex, color, the full name and occupation of its parents, the date and place of birth of any child born, and the name and occupation of the physician, midwife or other person who may have been in attendance at the birth of such child, and a certificate between the first and been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth of any child born, and the name and occupation of the physician, midwife or other person who may have been in attendance at the birth of such child, and a certificate between the first and been conferred) duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered by the practitioner in the form of a certificate between the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the birth of any child and every month to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 61223

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8 the January
4. *Place of Birth, (Street and Number)* 1108 Stripper St
5. *Full Name of Mother,* Anna Martin
6. *Mother's Maiden Name,* = Reifig
7. *Mother's Birthplace,* Bavaria
8. *Full Name of Father,* F. P. Martin
9. *Father's Occupation* laborer
10. *Father's Birthplace,* Bavaria

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Weis

Address, 2122 Canton Ave.

Remarks,

8 9 5 0 0 0 0 0 6 3

been conferred) its sex, color, the full name and occupation of the parents of such child, and the place of birth, in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63224

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-

1. Sex, (state whether male or female) twins & Male & female
2. Race or Color, (if not of the white race) Colard
3. Date of Birth, Jan 8 1895
4. Place of Birth, (Street and Number) 902 Foster alley
5. Full Name of Mother, Julia [redacted] Colmond
6. Mother's Maiden Name, Julia Burley
7. Mother's Birthplace, Wyomaco County
8. Full Name of Father, Geo Colmond
9. Father's Occupation Waiter
10. Father's Birthplace, Lefkington Va

Name of Medical Attendant, or other person who makes this Return, Louis Lane

Address, 642 Forest Ave

Remarks, 8 7 5 0 0 0 0 0 6 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63225

A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Jacob Friedenberg

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1 Jan 1895
4. Place of Birth, (Street and Number) 1146 E Fayette St
5. Full Name of Mother, Sarah Friedenberg
6. Mother's Maiden Name, Solomon
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis Friedenberg
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs A Illig

Address, 1302 E Lexington St

Remarks, CHILD'S NAME ADDED 6-4-53

6-7-53

0 7 5 0 0 0 0 0 6 5

Wm. J. C. Dulany Co., City Printers and Stationers.

A

RETURN OF A BIRTH. 65226

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 9 th 1895
4. Place of Birth, (Street and Number) 5. Clemant . St
5. Full Name of Mother, Lucy . nuse
6. Mother's Maiden Name, Lucy . huston
7. Mother's Birthplace, howard . county . md
8. Full Name of Father, John nuse
9. Father's Occupation, R. R. Brakeman
10. Father's Birthplace, Knoxvill - tenn

Name of Medical Attendant, or other person who makes this Return, Ellenora . a. anderson

Address, 1434 Patapsco . St

Remarks, 8 9 5 0 0 0 0 0 6 6

been conferred) its sex, date, and place of birth, the name, residence and occupation of each parent, the number of the child of the mother, which certificate shall be delivered, duly signed by the practitioner in the form of a certificate of the birth of any child said schedule shall be delivered to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65227

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9th January 1892

4. Place of Birth, (Street and Number) 223 Gough St

5. Full Name of Mother, Hattie Walker

6. Mother's Maiden Name, Hathaway

7. Mother's Birthplace, Balto

8. Full Name of Father, Oscar E. Walker

9. Father's Occupation Carpenter

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Wm. E. I. Brantes

Address, 1208 Gough St

Remarks, Known

8 9 5 0 0 0 0 0 0 6 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62228

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 9th 1895
4. *Place of Birth, (Street and Number)* 508 S Bethel St
5. *Full Name of Mother,* Kate Brocklander
6. *Mother's Maiden Name,* Kate Felter
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* John Brocklander
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Mary E Engelhardt

Address, 1712 Eastern Ave Balto Md

Remarks,

8950000068

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62229

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* Ar
3. *Date of Birth,* Jan 9
4. *Place of Birth, (Street and Number)* 1406 E monument St
5. *Full Name of Mother,* Margaret B Bush
6. *Mother's Maiden Name,* Dubrueil
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jacob W Bush
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other person who makes this Return. Mary A Mundle

Address,

Remarks, 1938 North Bond St

8 9 5 0 0 0 0 0 6 9

been conferred) its sex, color, the full name and occupation of the parents, and the date of birth, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in attendance, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62230

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Jan 9th 95
4. *Place of Birth, (Street and Number)*	507 Stockholm St
5. *Full Name of Mother,*	Mary Brown
6. *Mother's Maiden Name,*	Mary Grose
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Richard Brown
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	Edw Cunningham
Address,	507 Scott St
Remarks,	1895 0000070

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

months, and shall set forth [illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 10th 1895
4. *Place of Birth, (Street and Number)* 502 S. Easton St
5. *Full Name of Mother,* Caroline Reid
6. *Mother's Maiden Name,* Caroline Rice
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* John Reid
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Mary Engelhardt

Address, 1212 Easton Ave Balto Md

Remarks,

8 7 5 0 0 0 0 0 7 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62232

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Col'd
3. *Date of Birth,* [illegible]
4. *Place of Birth, (Street and Number)* 1113 Claiborne
5. *Full Name of Mother,* Lattie Seymour
6. *Mother's Maiden Name,* " Slagle
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Samuel Carson
9. *Father's Occupation* Sugar Keiper
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E F Brooks

Address, 938 Eutaw Av

Remarks, Living Well

8950000072

been committed, its sex, color, the name and residence of the parents, and the name of the physician or midwife, if any, present at the birth, which said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62233

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 [illegible]

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 12 05
4. *Place of Birth, (Street and Number)* 823 Charles st
5. *Full Name of Mother,* Lizzie E Pennell
6. *Mother's Maiden Name,* [illegible] Kerns
7. *Mother's Birthplace,* West Virginia
8. *Full Name of Father,* Charles A Pennell
9. *Father's Occupation* Engineer B & O R R
10. *Father's Birthplace,* Bedford Co, Penn

Name of Medical Attendant, or other person who makes this Return. Wm E Brady

Address, 823 Cathedral st

Remarks, Home Well

8 Y 5 U 0 0 0 0 0 7 3

Wm. J. C. Dulany Co., City Printers and Stationers.

A

RETURN OF A BIRTH. 62234

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 2nd 1895
4. Place of Birth, (Street and Number) 709 S. Bond
5. Full Name of Mother, Emmie Tregar
6. Mother's Maiden Name, Emmie Towsen
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Chas Tregar
9. Father's Occupation Laborer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mary Engelhardt

Address, 1712 Eastern Ave Balto Md

Remarks,

6 7 5 U 0 0 0 0 7 4

Wm. J. C. Dulany Co., City Printers and Stationers.

...been conferred) its sex, color, the full name and occupation of its parents, the date and ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65236

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Luther Clipper.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13 & Twins.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 3, 1925

4. Place of Birth, (Street and Number) 1749 Harwood

5. Full Name of Mother, Sarah E. Clipper

6. Mother's Maiden Name, " " Raymond

7. Mother's Birthplace, Balto

8. Full Name of Father, George H. Clipper

9. Father's Occupation Plush Carpenter

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Mrs L. Brooks

Address, 1748 Harwood Ave

Remarks, Twins GIVEN NAME ADDED 1-28-54

D. M.

6 9 5 0 0 0 0 0 7 5

Wm. J. C. Dulany Co., City Printers and Stationers.

been completed its sex, color, the name of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65237

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Colored
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Jan 3 1895
4. *Place of Birth, (Street and Number)*	31 Canton St
5. *Full Name of Mother,*	Carrie Kelley
6. *Mother's Maiden Name,*	Carrie Baker
7. *Mother's Birthplace,*	Md Baltimore
8. *Full Name of Father,*	Wm Kelley
9. *Father's Occupation*	Baker
10. *Father's Birthplace,*	Md Baltimore
Name of Medical Attendant, or other person who makes this Return,	Dr. R. Cooley
Address,	913 E. Monument St
Remarks,	Harry Wise

8 9 5 U 0 0 0 0 7 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* colord
3. *Date of Birth,* Jan 3rd 1895
4. *Place of Birth, (Street and Number)* 612 Mongang st
5. *Full Name of Mother,* Emma Brown
6. *Mother's Maiden Name,* Unmarried
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Cole
9. *Father's Occupation,* Bar tender
10. *Father's Birthplace,* Mississippi

Name of Medical Attendant, or other person who makes this Return. Annie Johnson

Address, 1012 Plum alley near Hanover

Remarks, Third child

8 4 5 U 0 0 0 0 7 7

Health. This ... month, and shall set forth as far as the same ... been conferred) its sex, color, the full name and occupation of its parents, the ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 63289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Jan 14 1895

4. *Place of Birth, (Street and Number)* 1401 Eastern Ave

5. *Full Name of Mother,* Barbara E. Guttman

6. *Mother's Maiden Name,* " " Falls

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* William Guttman

9. *Father's Occupation* Salesman

10. *Father's Birthplace,* Frederick Co Md

Name of Medical Attendant, or other person who makes this Return, Mrs A. M. Brooks

Address, 1401 Eastern Ave

Remarks, Born Well

8950000078

been entered in its proper book, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 2 1895
4. Place of Birth, (Street and Number) 1412 Battery Ave
5. Full Name of Mother, Louisa E. Connors
6. Mother's Maiden Name, " " Ruland
7. Mother's Birthplace, Balto
8. Full Name of Father, William F. Connors
9. Father's Occupation City Councilman Inspector
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Wm F Franke

Address, 802 Eutaw St

Remarks, The Child & Mother are Doing Nicely Dr Franke called at once

8 9 5 0 0 0 0 0 7 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63241

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 6th
4. Place of Birth, (Street and Number) 220 S. Fremont Ave
5. Full Name of Mother, Amelia Petre
6. Mother's Maiden Name, Amelia Schminke
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Paul Petre
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Seeback

Address, 735 W. Pratt steet

Remarks,

8 9 5 U 0 0 0 0 0 8 0

month, and shall set forth as far as the same can be ascertained the full name and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 62242

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Colored

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 6 Jan 1895

4. Place of Birth, (Street and Number) 13 E Williams

5. Full Name of Mother, Laura M Cousin

6. Mother's Maiden Name, " " Burrus

7. Mother's Birthplace, Balto

8. Full Name of Father, Lewis F Henrion

9. Father's Occupation Waiter

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return Mrs E E Brooks

Address, 1823 Eutaw Av

Remarks, Living Child

Wm. J. C. Dulany Co., City Printers and Stationers.

8950000081

been completed as to the above items, the same shall be signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63243

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 7th 1895
4. Place of Birth, (Street and Number) 524 S. Ann St
5. Full Name of Mother, Carrie Miller
6. Mother's Maiden Name, Carrie Ewis
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Jess Miller
9. Father's Occupation Laborer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mary Engelhardt

Address, 1712 Eastern Ave Balto Md

Remarks,

8 9 5 U 0 0 0 0 8 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65244

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 25
4. Place of Birth, (Street and Number) 1425 Bolton Ave
5. Full Name of Mother, Katie Burns
6. Mother's Maiden Name, " Crawford
7. Mother's Birthplace, Balto
8. Full Name of Father, Clayton Burns
9. Father's Occupation Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E A Brad

Address, 503 Eutaw St

Remarks, Boy Well

L

8 7 5 0 0 0 0 0 8 3

been conferred) its sex, color, the ... in the form of a certificate between the first and ... practitioner ... Health. In case the birth of any child said schedule shall be delivered, duly signed by the ... Commissioner of Health, or should no other person be in third day of each and every month to the office of the ... of midwifery, or should no other person or parents of such shall occur without the attendance of a physician or practicioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ... and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65245

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 7 1895
4. *Place of Birth, (Street and Number)*	212 Johnson St
5. *Full Name of Mother,*	Kate Dogherty Morgan
6. *Mother's Maiden Name,*	Kate Dogherty
7. *Mother's Birthplace,*	Balt
8. *Full Name of Father,*	James T Morgan
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Balt
Name of Medical Attendant, or other person who makes this Return,	Dr R Lackey
Address,	213 E Hoffman
Remarks,	Home Dec

1 8 9 5 0 0 0 0 0 8 4

month, and shall set forth as far as the [illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65246

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 1st, 1895
4. *Place of Birth, (Street and Number)* 1244 Cross St.
5. *Full Name of Mother,* Bertha Ellenberger
6. *Mother's Maiden Name,* Bertha Burchard
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Ellenberger
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Cath. Cross

Address, 419 S. Exeter St.

Remarks, 8950000085

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62247

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 2nd January 1895
4. *Place of Birth, (Street and Number)* 1611 Vincent St.
5. *Full Name of Mother,* Eugie Forrester
6. *Mother's Maiden Name,* Eliza Forbes
7. *Mother's Birthplace,* Calvert Co. Md.
8. *Full Name of Father,* Colin Forrester
9. *Father's Occupation* Driver Coal Wagon
10. *Father's Birthplace,* Calvert Co. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Sarah Rollins

Address, 1610 Vincent St

Remarks,

8 9 5 U 0 0 0 0 0 8 6

A

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the date and place of birth, and the full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63248

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, January 1th 2 1895
4. Place of Birth, (Street and Number) Hamburg st 115
5. Full Name of Mother, ginnie trezbark
6. Mother's Maiden Name, ginney stanley
7. Mother's Birthplace, Virginid
8. Full Name of Father, James stanley
9. Father's Occupation labour
10. Father's Birthplace, Cambridge Dorc Md

Name of Medical Attendant, or other person who makes this Return, Grant Dare Wilson

Address, 124 west Hurey st

Remarks, full 9 months

8950000087

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 62249

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 3 1896
4. Place of Birth, (Street and Number) 2223 Bank St.
5. Full Name of Mother, Mary Shultide
6. Mother's Maiden Name, Mary Hackman
7. Mother's Birthplace, Balto
8. Full Name of Father, William Shultide
9. Father's Occupation Machinist
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 824 Canton St.

Remarks,

8 9 5 0 0 0 0 0 8 8

Wm. J. C. Dulany Co., City Printers and Stationers.

been completed in all its parts, and signed by the practitioner in the form of a certificate between the first and fifth days of the month following the birth, and delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of the month following the birth. In case the birth of any child said schedule shall be

RETURN OF A BIRTH. 62230

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anthony Francis Stadler A

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3. of Januar 1895.
4. Place of Birth, (Street and Number) 207. Bismark Str.
5. Full Name of Mother, Anna Stadler
6. Mother's Maiden Name, Anna Bibel
7. Mother's Birthplace, Germany
8. Full Name of Father, Vinzent Stadler
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Ida Hille

Address, 207. N. Castle Str.

Remarks, CITY REGISTRAR'S OFFICE 3-5-54

8 9 5 0 0 0 0 0 6 8 M

said schedule shall be delivered, duly signed by the practitioner in the case, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 4th 1895
4. Place of Birth, (Street and Number) No 709 Little Maumment St.
5. Full Name of Mother, Mary Harris
6. Mother's Maiden Name, People
7. Mother's Birthplace, Harrysburg Pa.
8. Full Name of Father, Richard Harris
9. Father's Occupation, Laborer
10. Father's Birthplace, Harrisburg Pa.

Name of Medical Attendant, or other person who makes this Return. Mrs. F. Myers

Address, No 722 Bradley St. City

Remarks, 8 9 5 0 0 0 0 0 9 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...name, and occupation of the parents, ... of a certificate between the first and ... been conferred) its sex, color, the full name and occupation of the parents, ... of a certificate between the first and been conferred, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62252

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colord

3. Date of Birth, January 4th 1895

4. Place of Birth, (Street and Number) Welcome alley 212

5. Full Name of Mother, Liser Bailey

6. Mother's Maiden Name, Liser Carey

7. Mother's Birthplace, Deemac Virginia

8. Full Name of Father, george Carey

9. Father's Occupation labourr

10. Father's Birthplace, Deemack Virginia

Name of Medical Attendant, or other person who makes this Return, garrat Jane Wilson

Address, 124 west Fluvey st

Remarks, full 9 months

6 9 5 U 0 0 0 0 9 1

been conferred.) Its sex, color, the time and place of birth, and the name of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 65253

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

4

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) White 6

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* January 6 1895

4. *Place of Birth, (Street and Number)* Bond St 1614

5. *Full Name of Mother,* Mary Dunn

6. *Mother's Maiden Name,* Mary Smith

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Joseph Dunn

9. *Father's Occupation* Baltimore

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Susan Thurston

Address, 231 Lafayette Ave

Remarks,

8 9 5 0 0 0 0 0 9 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62254

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 6 1893.
4. Place of Birth, (Street and Number) 234 Foster Ave.
5. Full Name of Mother, Emma Rebels.
6. Mother's Maiden Name, Emma Becks
7. Mother's Birthplace, Balto.
8. Full Name of Father, Michel Rebels.
9. Father's Occupation Labor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 824 Canton Ave

Remarks,

8 7 5 U 0 0 0 0 9 3

been concerning his [illegible] by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED 4-2-60

RETURN OF A BIRTH. 612255

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

Mamie Fisher

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colerd
3. Date of Birth, January 6th 1895
4. Place of Birth, (Street and Number) Lacer st 124
5. Full Name of Mother, Biddy Fisher
6. Mother's Maiden Name, Biddy Baker
7. Mother's Birthplace, Washington
8. Full Name of Father, Jarett Fisher
9. Father's Occupation Labour
10. Father's Birthplace, Nasber North Carolina

Name of Medical Attendant, or other person who makes this Return, Jarrat Jane Wilson

Address, 104 west Fluvey st

Remarks, full 9 month

8450000094

been counted) its sex, color, the full name of the child in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 62256

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3. Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born January 7th 1895
4. *Place of Birth, (Street and Number)*	# 28. Hollins St
5. *Full Name of Mother,*	Mrs. Mary Hottenbacher
6. *Mother's Maiden Name,*	Miss. " Weil
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Louis. Hottenbacher
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Kirschberg. Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs. Hiller
Address,	# 2008 N. Henry St
Remarks,	

8 9 5 0 0 0 0 0 9 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 63225

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	January 4. 1895
4. Place of Birth (Street and Number),	609 N. Balto. St
5. Full Name of Mother,	Rica Geiger Lebowitz
6. Mother's Maiden Name,	Russia
7. Mother's Birthplace,	Samuel Riger
8. Full Name of Father,	Schneider
9. Father's Occupation,	Russia
10. Father's Birthplace,	Wor. Wool
Name of Medical Attendant, or other person who makes this Return.	608 W. Fayette St
Address,	Instrumental delivery
Remarks,	

Jany 26/16

8 7 5 U 0 0 0 0 0 9 6

ferred), its sex, color, the full name and occupation of its parents, the certificate between the first and third day of shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 63258

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8. Child
1. *Sex, (state whether male or female).*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Janry 8th 1895
4. *Place of Birth, (Street and Number)*	# 2635. Franklin St
5. *Full Name of Mother,*	Mrs. Mary. Heinzerling
6. *Mother's Maiden Name,*	Miss " Smith
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	August. Heinzerling
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
Address,	# 2008. Mc. Henry
Remarks,	

8 7 5 0 0 0 0 0 9 7

been completed as to sex, color, the name and address of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Midwifery, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, January 7th

4. Place of Birth, (Street and Number) 1808 Hardware

5. Full Name of Mother, Sarah Johnson

6. Mother's Maiden Name, Sarah Bratton

7. Mother's Birthplace, Estill Co Ky

8. Full Name of Father, Wm Johnson

9. Father's Occupation Laber

10. Father's Birthplace, North Carolina

Name of Medical Attendant, or other person who makes this Return, Jane Harris

Address, 1324 Bruce St

Remarks, 8 9 5 0 0 0 0 0 9 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62260

A

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the ... the child or children within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jany 9th 93
4. Place of Birth (Street and Number)	1200 Rutter St.
5. Full Name of Mother	Ino Gaibly
6. Mother's Maiden Name	
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Gaibly
9. Father's Occupation	Coachman
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	J. D. Gilbert
Address	1214 Linden Ave
Remarks	

8 9 5 0 0 0 0 0 9 9

RETURN OF A BIRTH 63261

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 5-4

1. *Sex*, (~~*state whether male or female*~~) White
2. *Race or Color*, (~~*if not of the white race*~~)
3. *Date of Birth*, Jan 9. 1895
4. *Place of Birth*, (*Street and Number*) 422 Carrolton ave
5. *Full Name of Mother*, Mary K. Travel
6. *Mother's Maiden Name*, Mary K. Hopkins
7. *Mother's Birthplace*, Maryland
8. *Full Name of Father*, Fred. W. Travel
9. *Father's Occupation*, Merchant
10. *Father's Birthplace*, Md

Name of Medical Attendant, or other person who makes this Return. Dr. S. Latimer

Address, 211 W. Monument

Remarks, Chloroform in 3rd Stage. No trouble.

1895000100

month, and shall set forth as fully as the same and occupation of its parents, the date and place of birth, and the full name and occupation of its parents, the date and place of birth, and the

ETURN OF A BIRTH. 62262 A.

f Registrar of Vital Statistics, Board of Health, Baltimore City.

ther, (state whether 1st, ~~2d, 3d,~~ &c.)

er male ~~or female~~

(if not of the white race)

h, Jan 10th White

Street and Number) 411 N. Grumpst.

3. Date of [illegible]

4. Place of Birth, Mary E. Fletcher

5. Full Name of Mother, Mary E. Davis

6. Mother's Maiden Name, Maryland

7. Mother's Birthplace, John Fletcher

8. Full Name of Father, Ireland

9. Father's Occupation, Maryland Irish

10. Father's Birthplace, H. Gorsuch

Name of Medical Attendant, or other person who makes this Return.

Address, Green & Mulberry sts

Remarks, 8 9 5 U 0 0 0 1 0 1

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 32
(4 - 1 - 54)
Hall of Records Commission

RETURN OF A BIRTH. 62262 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall state the full name and occupation of its parents, the date of birth, and the sex, color, the full name and occupation of its parents, the date of a certificate between the first and been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) —

1. *Sex, (~~state whether~~ male ~~or female~~)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 16th
4. *Place of Birth, (Street and Number)* 411 N. Grum st.
5. *Full Name of Mother,* Mary E. Fletcher
6. *Mother's Maiden Name,* Mary E. Dennis
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* John F. Fletcher
9. *Father's Occupation,* Grocer Grocer
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. H. H. Gosnell

Address, Green & Mulberry sts

Remarks,

8 9 5 U 0 0 0 1 0 1

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 62263.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. A.

month, and shall set forth as full as the full name and occupation of its parents, the date of birth between the first and been conferred) its sex, color. the full signed by the practitioner in the form of a certificate case the birth of any child said schedule shall be delivered, duly signed by the practitioner of Health. In to the office of the Commissioner of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of midwifery, or should no other person or parents of such attendance without the attendance of a physician or practitioner it shall become the duty of the person or parents of such shall occur without the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 4.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* January 10.
4. *Place of Birth, (Street and Number)* 727. Linden
5. *Full Name of Mother,* Sarah Elizabeth James.
6. *Mother's Maiden Name,* Sarah E. Bradford.
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* R. Lewis James Jr.
9. *Father's Occupation.* Packer.
10. *Father's Birthplace,* Maryland.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

6450000102

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 65266 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white race
3. Date of Birth, 129 W. Pratt st
4. Place of Birth, (Street and Number) Jan 10 1895
5. Full Name of Mother, Giuseppa Lenora
6. Mother's Maiden Name, Giuseppa Sanguina
7. Mother's Birthplace, Terminini Sicily
8. Full Name of Father, Antonia Lenora
9. Father's Occupation Fruit dealer
10. Father's Birthplace, Terminini Sicily

Name of Medical Attendant, or other person who makes this Return, Mrs Taylor

Address, 41 Guilford alley

Remarks, 8 9 5 0 0 0 0 1 0 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62265

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 10th
4. Place of Birth, (Street and Number) June 1902
5. Full Name of Mother, Katie Bawashinski
6. Mother's Maiden Name, Pojnikawa
7. Mother's Birthplace, Poland
8. Full Name of Father, Joseph Bawashinski
9. Father's Occupation, Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return. Mary Kwotzka

Address, 602 S. Bond St.

Remarks,

6 7 5 U 0 0 0 1 0 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the number of the child of the mother between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62266

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Mulatto

3. Date of Birth, January 11 1895

4. Place of Birth, (Street and Number) 625 E. Lombard St.

5. Full Name of Mother, Virginia Walter

6. Mother's Maiden Name, Virginia Dawson

7. Mother's Birthplace, Virginia

8. Full Name of Father, Clayton Walter

9. Father's Occupation Mariner

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return H. Lashell Jr. M.D.

Address, 1701 E. Broadway

Remarks, 8 7 5 0 0 0 1 0 5 Born

I hereby certify that I have attended the birth of the child above described, born on the date above stated.

Dated this 14 day of January 1895

H. Lashell Jr. M.D.

Address 1701 E. Broadway

Wm. J. C. Dulany Co., City Printers and Stationers.

Every physician or midwife in attendance upon a birth shall, within ten days thereafter, deliver to the Commissioner of Health, or to the Registrar of Vital Statistics, a certificate in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 62267

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* January 11th 1895
4. *Place of Birth, (Street and Number)* 1213 Hair St
5. *Full Name of Mother* Franziska Koanskii
6. *Mother's Maiden Name* Sterkovisa
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Joseph Koanskii
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return, J E Pritchard MD

Address 1010 Chesapeake St

Remarks A Midwife had been in attendance 24 hours the child was dead when I arved it was delivered with Forceps

6,500001.06

at the birth of any child, within the City of Baltimore, shall report to the Registrar of Vital Statistics, Board of Health, at the office in the City Hall, the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 62268

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 Child A.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 11 / 95
4. *Place of Birth, (Street and Number)*	930 S Ridgely Street Balto
5. *Full Name of Mother,*	Fannie Dimmitzer
6. *Mother's Maiden Name,*	Fannie Kilumic
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Barnet Dimmitzer
9. *Father's Occupation*	Baker
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	Mrs. Lena Barber
Address,	41 E York Street Balto
Remarks,	

8 7 5 0 0 0 0 1 0 7

been conferred) its sex, color, the full name and residence of the parents, and such other facts as may be required by the Commissioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 62269

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	January 11th
4. *Place of Birth, (Street and Number)*	305 Cedar ave
5. *Full Name of Mother,*	Sarah A Walker
6. *Mother's Maiden Name,*	Sarah A Keyz
7. *Mother's Birthplace,*	Baltimore County. md
8. *Full Name of Father,*	John H. Walker
9. *Father's Occupation,*	~~Painter~~ Laborer
10. *Father's Birthplace,*	Baltimore County md
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Simmons
Address,	Hampden Baltimore City md
Remarks,	8950000108

month, and shall set forth the full name and occupation of its parents, or of the parent between the first and been conferred; its sex, color, the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. D. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 62270

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, &c.) One

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Jan 13 [redacted]

4. Place of Birth, (Street and Number) 919 Glenn Place

5. Full Name of Mother, Mollie Gross

6. Mother's Maiden Name, Mollie Johnson

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Samuel Gross

9. Father's Occupation Cochman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Louis Jane

Address, 642 Jasper st

Remarks,

8950000109

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and been conferred) its sex, color, the full name and occupation of its parents, or guardians, between the first and

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RETURN OF A BIRTH 6227

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	III
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 13—95
4. *Place of Birth, (Street and Number)*	23 Fauon Hill Ave Carroll.
5. *Full Name of Mother,*	Marguerite D. Carolnie Douglas
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	London, England.
8. *Full Name of Father,*	James N. Carolnie
9. *Father's Occupation,*	Insurance Agt.
10. *Father's Birthplace,*	London. Eng.
Name of Medical Attendant, or other person who makes this Return	J. Wm Funck
Address,	101 N Fulton Ave
Remarks,	

DR. J. WM. FUNCK,
101 N. FULTON AVENUE,
BALTIMORE.

8 7 5 U 0 0 0 1 1 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 65272

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 13 95
4. *Place of Birth, (Street and Number)* 805 Low St.
5. *Full Name of Mother,* Mattie Berman
6. *Mother's Maiden Name,* Mattie Kaplan
7. *Mother's Birthplace,* Savel R.
8. *Full Name of Father,* Abram Berman
9. *Father's Occupation,* Peddler
10. *Father's Birthplace,* Savel R

Name of Medical Attendant, or other person who makes this Return.

Address, Nettie Clarman

Remarks, 1022 E. Lombard St.

8 4 5 U 0 0 0 1 1 1

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall state the name and occupation of the parents, the full name and occupation of the first and been conferred) its sex, color, the full name and occupation of its parents, and the time of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

6273

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

Name: William Henry Frankton

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, January 13th 1895
4. Place of Birth (Street and Number), 46 N. Green st
5. Full Name of Mother, Sarah Frankton
6. Mother's Maiden Name, Sarah Steiner
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Thomas Frankton
9. Father's Occupation, Wood Worker
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. M. L. Hooper M.D.

Address, 1327 Hanover st

Remarks,

8 9 5 0 0 0 0 1 1 2

ferred), its sex, color, the full name and occupation of its parents, the date and place of birth, the time elapsed between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 62274

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 12. 1895
4. Place of Birth, (Street and Number) Waverly = 1012 North St
5. Full Name of Mother, " " " " (Boarded)
6. Mother's Maiden Name, Estella Dutton
7. Mother's Birthplace, Md
8. Full Name of Father, " " " "
9. Father's Occupation " " " "
10. Father's Birthplace, " " " "

Name of Medical Attendant, or other person who makes this Return, Susan E Bailey

Address, 1012 North St Waverly Balto City

Remarks,

8 7 5 0 0 0 0 1 1 3

Wm. J. C. Dulany Co., City Printers and Stationers.

...been conferred), its sex, color, the full name and occupation of its parents, the date ... between the first and said schedule shall be delivered, duly signed by the practitioner in the form of A certificate ... In case the birth of any child third day of each and every month to the office of the Commissioner of Health. ... other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no ... of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of ... period above required, and child to report its birth to the Commissioner of Health, in the manner and within ... this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63275

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (~~state whether 1st~~, 2d, ~~3d, &c.~~)

1. *Sex,* (~~state whether~~ male ~~or female~~)
2. *Race or Color,* (~~if not of the white race~~)
3. *Date of Birth,* Jan 14th 12 00 A.M.
4. *Place of Birth,* (Street and Number) 428 West 23rd St
5. *Full Name of Mother,* Lillie Melvin
6. *Mother's Maiden Name,* Decker
7. *Mother's Birthplace,* Pa
8. *Full Name of Father,* Wesley Melvin
9. *Father's Occupation* Engineer Weld, R.R. M'n
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Alex J. Thurston M.D. 26 W Preston St

Address,

Remarks,

0950000114

Wm. J. C. Dulany Co., City Printers and Stationers.

...been conferred) its sex, color, the full name and occupation of its parents, and a certificate between the first and ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63276

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

4

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 9 C
4. Place of Birth, (Street and Number) 929 N Eutaw St
5. Full Name of Mother, Mary M. Huber
6. Mother's Maiden Name, Rupert
7. Mother's Birthplace, Balto
8. Full Name of Father, Henry G Huber
9. Father's Occupation Cutter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Dr H Holmes Md

Address, 1501 E Lafayette Ave

Remarks, 8 9 5 0 0 0 0 1 1 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

622761/2

RETURN OF A BIRTH.

A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Black

3. Date of Birth, January 2nd 95.

4. Place of Birth, (Street and Number) 929 N Stricker St

5. Full Name of Mother, Mary M Stubbs

6. Mother's Maiden Name, Butefuhr

7. Mother's Birthplace, Balto

8. Full Name of Father, Henry C F Stubbs

9. Father's Occupation Butcher

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. C. H. Schifferstein M.D.

Address, 1321 E Lafayette St

Remarks,

8 7 5 0 0 0 0 1 1 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 65277

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 2 94
4. *Place of Birth, (Street and Number)*	501 N. Mount St
5. *Full Name of Mother,*	Helena M. Bridges
6. *Mother's Maiden Name,*	" Mulcahey
7. *Mother's Birthplace,*	Penn
8. *Full Name of Father,*	John Ed. Bridges
9. *Father's Occupation*	Painter
10. *Father's Birthplace,*	Queen Anns Co. Md.
Name of Medical Attendant, or other person who makes this Return,	H. C. Knight M.D.
Address,	523 Scott St.
Remarks,	

6 7 5 0 0 0 0 1 1 7

Said schedule shall be delivered, duly signed by the practitioner in the case, to the Registrar of Vital Statistics. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62278

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~ 2d, ~~3d, &c.~~) Name of child: William W. Tittle

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 7th 95
4. Place of Birth, (Street and Number) 629 Cumberland st
5. Full Name of Mother, Mary J Tittle
6. Mother's Maiden Name, J. Naidmer
7. Mother's Birthplace, B. C.
8. Full Name of Father, Wm W. Tittle
9. Father's Occupation Laborer
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Norman F Hill

Address, 1401 N Fayette.

Remarks, 6 9 5 0 0 0 0 1 1 8

month, and shall state the sex, color, the full name and occupation of its parents, the date and place of birth, and number (if any) of children born to the mother, including the child last born, and whether the first and only, or twin, triplet, &c., and whether the first and only, or twin, triplet, &c., and whether the first and only, or twin, triplet, &c.,

RETURN OF A BIRTH.

63279

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the ... of children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether male or female)* Male

2. *Race or Color (if not of the white race)* Colored

3. *Date of Birth* 6th Jan 1875

4. *Place of Birth (Street and Number)* 21 Pulaski St

5. *Full Name of Mother* Mary Coker Patterson

6. *Mother's Maiden Name* Norfolk Va

7. *Mother's Birthplace* Edward Coker

8. *Full Name of Father* Darius Mayo

9. *Father's Occupation* Bruce & Co

10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return A. C. Jones

Address 1121 Saratoga St

Remarks

8750000119

RETURN OF A BIRTH. 65280

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 5 1895
4. Place of Birth, (Street and Number) 126 - Fountain Ave. cor. Linden Lane
5. Full Name of Mother, Susie Driver
6. Mother's Maiden Name, Stine
7. Mother's Birthplace, Md.
8. Full Name of Father, John J. Driver
9. Father's Occupation Clerk
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Florence Hentrich M.D.

Address, 237 Gorsuch Ave

Remarks,

8950000120

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the name, if any, which has been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subany such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall specify the full name and occupation of its parents, the date and place of birth, and the sex, color, and name of the child, if any, that may have been born before the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the birth of any child been conferred), its sex, color,

RETURN OF A BIRTH. 62282

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	January 9th 1895
4. *Place of Birth, (Street and Number)*	No 1441 William st
5. *Full Name of Mother,*	Ida Gaylord
6. *Mother's Maiden Name,*	Ida Lee
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph Gaylord
9. *Father's Occupation*	Engineer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Catherine Hennessy
Address,	No 1517 Byrd st
Remarks,	8950000122

been conferred) its sex, color, the full name and occupation of each parent, and a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

62283

A

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the Board of Health, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. *Sex (state whether male or female)* female

2. *Race or Color (if not of the white race)* colored

3. *Date of Birth* 10 Jan 95

4. *Place of Birth (Street and Number)* 1333 Light St Alley

5. *Full Name of Mother* Carrie Woodland Keys

6. *Mother's Maiden Name* [illegible]

7. *Mother's Birthplace* Accomac Co Va

8. *Full Name of Father* Barnard Woodland

9. *Father's Occupation* Oyster Packer

10. *Father's Birthplace* Accomac Co Va

Name of Medical Attendant, or other Person who makes this Return. Mary E Bruce

Address 11 E Lafayette Ave

Remarks

8950000123

RETURN OF A BIRTH. 62284

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored race
3. Date of Birth, Born Jan 12th 1895
4. Place of Birth, (Street and Number) 17 S. Bethel St. Baltimore Md.
5. Full Name of Mother, Effie Collins
6. Mother's Maiden Name, Effie Row
7. Mother's Birthplace, Eastern Shore Md.
8. Full Name of Father, Charley Collins
9. Father's Occupation Coachman Laborer
10. Father's Birthplace, Eastern Shore Va.

Name of Medical Attendant, or other person who makes this Return, Georgianna Brooks

Address, 1751 E. McMechin St.,

Remarks, No remarks

8950000124

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 12285

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 2 - 95
4. Place of Birth, (Street and Number) 1609 East Baltimore St
5. Full Name of Mother, Katie Snyder
6. Mother's Maiden Name, "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Fortman
9. Father's Occupation
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, RX Giesing M.D.

Address, 1603 East Baltimore St.

Remarks, 8 9 5 0 0 0 0 1 2 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65286

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 2 [illegible]
4. Place of Birth, (Street and Number) Durham St 711
5. Full Name of Mother, Mary Barkowska
6. Mother's Maiden Name, Rzana
7. Mother's Birthplace, Poland
8. Full Name of Father, Stanislaus Barkowska
9. Father's Occupation, Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Rubka

Address, 602 E. Bond St.

Remarks,

8 Y 5 U 0 0 0 1 2 6

been conferred) its sex, color, the full name and occupation of its parents, the first and last schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 62287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 4th 1895
4. Place of Birth, (Street and Number) No. 11 Young St
5. Full Name of Mother, Lena Klein
6. Mother's Maiden Name, Lena Bodenbach
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Richard Klein
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, 8 9 5 U 0 0 0 1 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62288

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	July 4th 1893
4. *Place of Birth, (Street and Number)*	1711 Pennsbury Place
5. *Full Name of Mother,*	Ida May Shaw
6. *Mother's Maiden Name,*	Ida May Paine
7. *Mother's Birthplace,*	Balto. Md
8. *Full Name of Father,*	Howard Shaw
9. *Father's Occupation*	Painter
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return,	A. H. Davis M.D.
Address,	930 Carrollton Ave Balto Md
Remarks,	6950000128

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male,
2. Race or Color, (if not of the white race) —
3. Date of Birth, Jan. 7. 95
4. Place of Birth, (Street and Number) 810 E. Washington St.
5. Full Name of Mother, Mrs. Eugenia Herzinger King
6. Mother's Maiden Name, Mrs. Herzinger
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Henry King Jr.
9. Father's Occupation Attorney at Law
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, G. G. Brack M. D.

Address, 2202 E. Baltimore St.

Remarks, Natural delivery

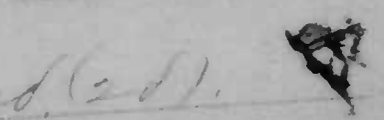
6 7 5 0 0 0 0 1 2 9

been corrected) its sex, color, the name and residence of the parents, and the name of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 63290

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2d).

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, January 8th, 1895.
4. Place of Birth, (Street and Number) 315 East 23d St.
5. Full Name of Mother, Laura Virginia Eck.
6. Mother's Maiden Name, Laura Virginia Hall.
7. Mother's Birthplace, Baltimore County.
8. Full Name of Father, Edward F. Eck.
9. Father's Occupation, Street-car conductor.
10. Father's Birthplace, Harford County.

Name of Medical Attendant, or other person who makes this Return, Hugh Forsythe M.D.

Address, 2311 Barclay St.

Remarks, 8950000130

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 62291

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 9 - 1895
4. *Place of Birth, (Street and Number)*	114 W. 23rd St.
5. *Full Name of Mother,*	Helen Kings
6. *Mother's Maiden Name,*	Helen Boyle
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph King
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Washington DC
Name of Medical Attendant, or other person who makes this Return.	Houghton Bayley M. D.
Address,	Guilford Ave & 24th St.
Remarks,	

8 4 5 0 0 0 0 1 3 1

month, and shall state the full name and occupation of its parents, the date and place of the first and last marriage between them, the full name and occupation of its parents, the date and place of the first and last marriage between them, the full name and occupation of its parents, the date and place of the first and last marriage between them,

RETURN OF A BIRTH. 62292

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 9th 1895
4. Place of Birth, (Street and Number) 2307 Carlton Ave
5. Full Name of Mother, Barbara Southard
6. Mother's Maiden Name, Barbara Huhn
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Henry Southard
9. Father's Occupation, Seaman
10. Father's Birthplace, New Jersey

Name of Medical Attendant, or other person who makes this Return, Dr. Mary H. Taylor.

Address, 1615 E. Pattison Pl. Balto

Remarks, 8 4 5 U 0 0 0 1 3 2

been concerned, duly signed by the practitioner in the form of a certificate hereof, to the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereof, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person he in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 62293

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the [illegible] Commissioner of Health. In case the birth of any child shall occur without the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 9 January

4. Place of Birth, (Street and Number) 1326 Andrew st

5. Full Name of Mother, Annie Smith " Quashy

6. Mother's Maiden Name, Germany

7. Mother's Birthplace, Texas Smith

8. Full Name of Father, Laboat

9. Father's Occupation, Baltimore

10. Father's Birthplace, Geo. H. Myers.

Name of Medical Attendant, or other person who makes this Return,

Address, Hull st., 1331 Locus Point

Remarks,

8 7 5 0 0 0 0 1 3 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62294

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1. *Sex, (state whether male or female).*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 9th 1895
4. *Place of Birth, (Street and Number)*	9 Lancaster bet. 173 & Clarke [illegible]
5. *Full Name of Mother,*	Anna
6. *Mother's Maiden Name,*	Kowalski
7. *Mother's Birthplace,*	Poland
8. *Full Name of Father,*	Joseph Clarke [illegible]
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Poland
Name of Medical Attendant, or other person who makes this Return,	Mary Krotz M.D. 62 S. Broadway
Address,	
Remarks,	

8 9 5 0 0 0 0 1 3 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62295

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan 9 1895
4. Place of Birth, (Street and Number) No — Stafford St
5. Full Name of Mother, Mary Steinacker
6. Mother's Maiden Name, Mary Selle
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Steinacker
9. Father's Occupation Teamster
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, 8 9 5 0 0 0 0 1 3 5

third day of each and every month to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, by the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5.
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	10 January
4. *Place of Birth, (Street and Number)*	1415 Hull st.
5. *Full Name of Mother,*	Susannah Mayer
6. *Mother's Maiden Name,*	" Pietenser
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	Thomas Mayer
9. *Father's Occupation*	Trade Potter
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other person who makes this Return.	Asst. Mgr.
Address,	1331 Hull St. L P.
Remarks,	

8 9 5 0 0 0 0 1 3 6

Wm. J. C. Dulany Co., City Printers and Stationers.

month, the full name and occupation of its parents, the date and place of birth, sex, color, the full name and occupation of its parents, the date and place of birth, sex, color, the full name and occupation of its parents, the date and place of birth, sex, color

RETURN OF A BIRTH 63297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 10. 94
4. *Place of Birth, (Street and Number)*	No. 1511 N. Bethel St
5. *Full Name of Mother,*	Emma May Higgins
6. *Mother's Maiden Name,*	Emma May Rinehart
7. *Mother's Birthplace,*	Frederick Co. Md
8. *Full Name of Father,*	William Higgins
9. *Father's Occupation,*	Brass Polisher
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	W. G. Sandrock
Address,	1242 N. Broadway
Remarks,	

8950000137

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 62298

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 11 '95
4. Place of Birth, (Street and Number) 921 Hanover st
5. Full Name of Mother, Annie May Weber
6. Mother's Maiden Name, Annie May Young
7. Mother's Birthplace, Balto city
8. Full Name of Father, Daniel Henry Weber
9. Father's Occupation Engineer
10. Father's Birthplace, Balto city

Name of Medical Attendant, or other person who makes this Return, E. Mulvaney M.D.

Address, 407 S. Sharp st

Remarks,

8 9 5 0 0 0 0 1 3 8

been collected as to sex, color, etc., the certificate shall be signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62299

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Jan 11 1895
4. *Place of Birth, (Street and Number)*	512 West St.
5. *Full Name of Mother,*	Emelina Johnson
6. *Mother's Maiden Name,*	Emelina Lowry
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Johnson
9. *Father's Occupation*	Fireman
10. *Father's Birthplace,*	A Virginia Bird
Name of Medical Attendant, or other person who makes this Return,	Attilla Burke
Address,	1132 Blanne St.
Remarks,	Dairyville
	8 9 5 U 0 0 0 1 3 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

11

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan 11 1895
4. Place of Birth, (Street and Number) Millington Ave extended
5. Full Name of Mother, Jennie Holzenbach
6. Mother's Maiden Name, Jennie McKnew
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Holzenbach
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, 8 7 5 0 0 0 0 1 4 0

month, and shall set forth as near as may be the full name and occupation of its parents, the date and place of birth between the first and been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth between the first and month, and shall set forth as near as may be the full name and occupation of its parents, the date and place of birth between the first and been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth between the first and month, and shall set forth as near as may be the full name and occupation of its parents, the date and place of birth between the first and been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth between the first and month, and shall set forth as near as may be the full name and occupation of its parents, the date and place of birth between the first and been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth between the first and

RETURN OF A BIRTH. 63301

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan. 11th 1825
4. Place of Birth, (Street and Number)	Alley Bet Lo. 1600
5. Full Name of Mother,	Anna Dopuw
6. Mother's Maiden Name,	Slowak
7. Mother's Birthplace,	Poland
8. Full Name of Father,	Joseph Dopuw
9. Father's Occupation	Laborer
10. Father's Birthplace,	Poland
Name of Medical Attendant, or other person who makes this Return,	Mary Kirby
Address,	602 Bond St.
Remarks,	

6 7 5 U 0 0 0 1 4 1

beeh conferred its sex, color, the statement shall be in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62302

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 11th 1
4. Place of Birth, (Street and Number) Bond St. 624
5. Full Name of Mother, Francis Vauchick
6. Mother's Maiden Name, Varinski
7. Mother's Birthplace, Poland
8. Full Name of Father, Jake Vauchick
9. Father's Occupation, Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Kozka

Address, 602 S. Bond St.

Remarks,

8 9 5 0 0 0 0 1 4 2

been conferred) its sex, color, the full name and occupation of its parents, or a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63303

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan 12 1895
4. Place of Birth, (Street and Number) No 3 Clayton St
5. Full Name of Mother, Annie Shuttle
6. Mother's Maiden Name, Annie Roste
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fredrick Shuttle
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8950000143

Wm. J. C. Dulany Co., City Printers and Stationers.

...been conferred) its sex, color, the full name and occupation of its parents, the ... certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

62204

No. of Child of Mother, (state whether ~~1st,~~ 2d, 3d, &c.) 2

1. Sex, (State whether male or female) Female - Edna Louise Auer

2. Race or color, (if not of the white race) White

3. Date of Birth, Jan 12 1895

4. Place of Birth, (Street and Number) 128 Conway St

5. Full Name of Mother, Ella A. Auer

6. Mother's Maiden Name, Leeke

7. Mother's Birthplace, Balto City

8. Full Name of Father, John F. Auer

9. Father's Occupation, Florist

10. Father's Birthplace, Balto. Co.

Name of Medical Attendant, or other person who makes this Return. DeLaney H. Bandeman M.D.

Address, 220 W. Monument St

Remarks, Full name of child added by mother upon applying for a transcript. Ella O. Auer Mother

8 4 5 0 6 6 0 1 4 9

March 29-1933

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

been convicted, is sec... duly signed by the practitioner in the form ... said schedule shall be delivered, duly signed by the practitioner in the form of ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

62315

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 12, 1895
4. *Place of Birth, (Street and Number)* 252½ East Oliver St
5. *Full Name of Mother,* Cora Petts
6. *Mother's Maiden Name,* Cora Lehall.
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Harry Petts Jr
9. *Father's Occupation* Bookkeeper.
10. *Father's Birthplace,* Indiana

Name of Medical Attendant, or other person who makes this Return, J. J. Marlowe

Address, 1705 N Caroline St

Remarks, (nurse Mrs John Wells)

8 4 5 0 0 0 0 1 4 5

month, and shall set forth as far as the same can be ascertained the name, sex, color, and occupation of its parents, the date and place of birth, and the name and surname (if it has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 6s306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 A.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 13 1904
4. *Place of Birth, (Street and Number)*	Back St. 810
5. *Full Name of Mother*	Kate Pastanowich
6. *Mother's Maiden Name,*	Cigan
7. *Mother's Birthplace,*	Poland
8. *Full Name of Father,*	Raph Pastanowich
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Poland
Name of Medical Attendant, or other person who makes this Return.	Mary Kadzka
Address,	602 N. Bond St.
Remarks,	

8 y 5 0 0 0 0 0 1 4 6

been conferred its sex, color, the date of its birth, and the name of its parents, in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	13 Jan
4. *Place of Birth, (Street and Number)*	430 S. Washington
5. *Full Name of Mother,*	Mary F. Frazer
6. *Mother's Maiden Name,*	Mary F. Kuper
7. *Mother's Birthplace,*	New York
8. *Full Name of Father,*	Henry Frazer
9. *Father's Occupation*	Baker
10. *Father's Birthplace,*	Balt.
Name of Medical Attendant, or other person who makes this Return,	Mary A Pelzer
Address,	241 S. Chester st.
Remarks,	

8 4 5 U 0 0 0 1 4 7

month in which the birth occurred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name (if any conferred) of the child; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65208

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 13 th
4. Place of Birth, (Street and Number) Bond St. 820
5. Full Name of Mother, Pauline Gruboski
6. Mother's Maiden Name, Pasciuska
7. Mother's Birthplace, Poland
8. Full Name of Father, Stanislaus Gruboski
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Krzyka

Address, 60 S Bond St.

Remarks,

8950000148

been conferred, its sex, color, the full name and occupation of the parents, in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third A
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 14
4. *Place of Birth, (Street and Number)*	237 E. Chester
5. *Full Name of Mother,*	Eva Oliver
6. *Mother's Maiden Name,*	Eva Imhoff
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	James Oliver
9. *Father's Occupation*	Horse shoer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mary A Porter
Address,	241 E. Chester
Remarks,	

8 7 5 0 0 0 0 1 4 9

month, and shall set forth in the same the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62310

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 15/95
4. Place of Birth, (Street and Number) 612 W. Mosher St
5. Full Name of Mother, Mary E. Glanding
6. Mother's Maiden Name, " " Coleman
7. Mother's Birthplace, Balto City
8. Full Name of Father, Thos. Glanding
9. Father's Occupation, Plasterer
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. Jos. C. Ohlendorf, Jr. M.D.

Address, 518 N. Bond St.

Remarks,

8 7 5 0 0 0 0 | 5 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall state the full name and occupation of the physician, or midwife, or other person who has been conferred) its sex, color, the full name and occupation of the parents of such child, and shall give a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3.
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	15 Januar
4. *Place of Birth, (Street and Number)*	1611 Cookie st.
5. *Full Name of Mother,*	Auguste Brienwald
6. *Mother's Maiden Name,*	" Schlaig
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	August Brienwald
9. *Father's Occupation*	Laboar
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return	Dr. H. Wm
Address,	1331 Hull st Locus Point
Remarks,	6½ mont. Old Birth.

8 7 5 0 0 0 0 1 5 1

Wm. J. C. Dulany Co., City Printers and Stationers.

been committed, its sex, color, the name by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

62312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)	3d
1. *Sex, (State whether male or female)*	male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 15th 1895
4. *Place of Birth, (Street and Number)*	501 William
5. *Full Name of Mother,*	Sarah E. McGee
6. *Mother's Maiden Name,*	" Marks
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	S. Geo. McGee
9. *Father's Occupation,*	Grocer
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return.	Dr Lowney & Barclay Md.
Address,	220 W. Monument
Remarks,	

8 7 5 0 0 0 0 1 5 2

been conferred. Its sex, color, the ~~[illegible]~~ practitioner in the form of a certificate the birth of any child said schedule shall be delivered, duly signed by the

RETURN OF A BIRTH. 6 & 3 1 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 15 th
4. *Place of Birth, (Street and Number)*	Bond 602
5. *Full Name of Mother,*	Josphin Galas
6. *Mother's Maiden Name,*	Veshnack
7. *Mother's Birthplace,*	Poland
8. *Full Name of Father*	Adam Galase
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Poland
Name of Medical Attendant, or other person who makes this Return,	Mary Ryba
Address,	602 Bond St.
Remarks,	

8 7 5 U 0 0 0 1 5 3

been completed its sex, color, the full name and occupation of the parents, the name and residence of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, January 16th
4. Place of Birth, (Street and Number) Bethel 1429 in the Corner
5. Full Name of Mother, Rosa Berkofsky
6. Mother's Maiden Name, Augustowski
7. Mother's Birthplace, Poland
8. Full Name of Father, Lorenz Berkofska
9. Father's Occupation, Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Wrobska

Address, 602 Bond St.

Remarks,

8750000154

been committed to said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62315

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black brother, white child
3. Date of Birth, January 16 1895
4. Place of Birth, (Street and Number) 514 Different Alley
5. Full Name of Mother, Liggie Forest
6. Mother's Maiden Name, Liggie Forest
7. Mother's Birthplace, VA
8. Full Name of Father, White Unknown Baby
9. Father's Occupation Baseball player
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 227 Council Ave

Remarks,

been conferred) its sex, color, the full name and occupation of its father, if known, and the maiden name of its mother, and the place of birth of each, as far as known. Every person who shall be present at the birth of any child shall report the same to the Commissioner of Health, in the form of a certificate between the first and third days of each month, and every such certificate shall be delivered, duly signed by the practitioner in attendance or by the person who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the office of the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 5 U 0 0 0 1 5 5

RETURN OF A BIRTH 62316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jany 17/95: 4 oclk. a m.
4. *Place of Birth, (Street and Number)*	313 Aisquith St.
5. *Full Name of Mother,*	Elizabeth Smith
6. *Mother's Maiden Name,*	Elizabeth Smith
7. *Mother's Birthplace,*	Baltimore md
8. *Full Name of Father,*	Edwin M Smith
9. *Father's Occupation,*	Shipping clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	A Haynie M D
Address,	1136 N Eutaw St
Remarks,	

8 4 5 0 0 0 0 1 5 6

month, and shall set forth as far as the same can be ascertained the full name, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 62317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

4.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan. 17. 1895
4. *Place of Birth, (Street and Number)* 611 N. Collington ave
5. *Full Name of Mother,* Minnie Groshans
6. *Mother's Maiden Name,* Krieg
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Geo. F. G. Groshans
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore City.

Name of Medical Attendant, or other person who makes this Return, John H. Groshans M. D.

Address, 1223 S. Charles St.

Remarks,

8 7 5 0 0 0 0 1 5 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d~~ 3d, ~~&c~~) 4

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not~~ of the white race)
3. Date of Birth, Jan 17th 1895
4. Place of Birth, (Street and Number) 429 Eutaw ave
5. Full Name of Mother, Celia Richards Smith
6. Mother's Maiden Name, Treichampel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm Francis Smith
9. Father's Occupation Drum Major 4 Reg Md Vol
10. Father's Birthplace, ~~Ha~~ Chestertown, Kent Co Md

Name of Medical Attendant, or other person who makes this Return, Elias C Price M.D.

Address,

Remarks,

8 9 5 0 0 0 0 1 5 8

Health. This Certificate must be filled out as far as the same can be ascertained the full name of each child, if any, shall be entered in the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall be entered in the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (*state whether* 1st, ~~2d, 3d, &c.~~)

1. *Sex,* (~~*state whether male or female*~~)
2. *Race or Color,* (~~*if not of the white race*~~)
3. *Date of Birth,* Jan 18th 1895, 3.30, A.M.
4. *Place of Birth,* (*Street and Number*) 532 Randall St
5. *Full Name of Mother,* Mary Poist
6. *Mother's Maiden Name,* " Ermer
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Gustave Poist
9. *Father's Occupation* Laundry
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. G. Boerker M.D.

Address, 25 W Preston St

Remarks,

8950000159

month, and shall set forth as far as the same can be ascertained the name, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62320

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Child.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	9th January 1895.
4. *Place of Birth, (Street and Number)*	Andre Ave. & 1423.
5. *Full Name of Mother,*	Emilie Butle.
6. *Mother's Maiden Name,*	" Waldheim.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Mathew Butle.
9. *Father's Occupation*	Laber
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return,	Lizzie Schaffler
Address,	E Fort Ave & 1408.
Remarks,	

8950000160

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereto, within the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth also the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4" Child A.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Jan. 10/95
4. *Place of Birth, (Street and Number)*	1811 E. Lomb. St.
5. *Full Name of Mother,*	Grace Harriett Hoefner
6. *Mother's Maiden Name,*	" " Corliss
7. *Mother's Birthplace,*	Bald.
8. *Full Name of Father,*	Jno Henry Hoefner
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	R.W. Mansfield M.D.
Address,	122 S Broadway
Remarks,	8950000161

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a Certificate hereinafter given, within third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 th Child. A.
1. *Sex, (state whether male or female).*	Male
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	12 th January 1895.
4. *Place of Birth, (Street and Number)*	Cookse Str No 1215.
5. *Full Name of Mother,*	Martha Minder.
6. *Mother's Maiden Name,*	" Behrend.
7. *Mother's Birthplace,*	Germanye.
8. *Full Name of Father,*	Heinrich Minder.
9. *Father's Occupation*	Carpnter.
10. *Father's Birthplace,*	Germanye.
Name of Medical Attendant, or other person who makes this Return.	Lizzie Schaeffer
Address,	E. Fortstr No 1748
Remarks,	

8 9 5 0 0 0 0 1 6 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62323

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 1896 January 13th 8 A.M.
4. Place of Birth, (Street and Number) Roland Park, Baltimore Co
5. Full Name of Mother, Mary A. Sherwood.
6. Mother's Maiden Name, Mary A. Beattie
7. Mother's Birthplace, Cornwall - Orange Co New York
8. Full Name of Father, Sidney Sherwood.
9. Father's Occupation, Lecturer Political Economy
10. Father's Birthplace, Ballston Spa Saratoga Co N. York.

Name of Medical Attendant, or other person who makes this Return, Mary Sherwood (M.D.)

Address, The Arundel / Baltimore

Remarks,

8 9 5 0 0 0 0 1 6 3

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 63324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	13th January 1895.
4. *Place of Birth, (Street and Number)*	Fort Ave No 1614.
5. *Full Name of Mother,*	Maria Tydings
6. *Mother's Maiden Name,*	" Kelli
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	Basel LeTydings
9. *Father's Occupation*	Boiler Maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Lizzie Schaeffler
Address,	E Fort Ave No 1708.
Remarks,	

8 9 5 0 0 0 0 1 6 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62325

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 15 95
4. Place of Birth, (Street and Number) No 322 Blevening Dale road
5. Full Name of Mother, Irene Clendaniel Griffith
6. Mother's Maiden Name, Irene [illegible] Wishart
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry Vermillion Griffith
9. Father's Occupation Bookkeeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary J Pendergast

Address, 2847 Lanvale St

Remarks,

6 9 5 U 0 0 0 1 6 5

been conferred) its sex, color, the full name and occupation of the parents, in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of inldwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the name and surname of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62326

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th & 5th

1. Sex, (state whether male or female) Male & Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 15th 1895
4. Place of Birth, (Street and Number) 936 Hollins St.
5. Full Name of Mother, Mary D. Gibson
6. Mother's Maiden Name, Mary Doyle
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John W. Gibson
9. Father's Occupation, Mechanic
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Thos. F. McGinnis M.D.

Address, 1421 Eutaw Place

Remarks, Twin Children, Boy then Girl Both children well formed and healthy

Baltimore 00166

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 62327

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) # four children lost two twins

1. Sex, (state whether male or female) twins both males
2. Race or Color, (if not of the white race) White
3. Date of Birth, Tuesday January 15th 98 at 3. am
4. Place of Birth, (Street and Number) Balto City MD No 913 E Madison
5. Full Name of Mother, Margaret E. Ryan
6. Mother's Maiden Name, Maggie ~~Ryan~~ Keenan
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Michael H. Ryan
9. Father's Occupation, Policeman
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N Bond St

Remarks,

8 4 5 0 0 0 0 1 6 7

Wm. J. C. Dulany Co., City Printers and Stationers.

been collected as to sex, color, the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62328

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 16th 95.
4. Place of Birth, (Street and Number)	1742 E. Chase st.
5. Full Name of Mother,	Louise Wilson
6. Mother's Maiden Name,	Louise Remmers
7. Mother's Birthplace,	Balto. Md.
8. Full Name of Father,	Saml. J. Wilson
9. Father's Occupation,	Butcher
10. Father's Birthplace,	Harford Co. Md.
Name of Medical Attendant, or other person who makes this Return	Hallie H. A. Hayes M. D.
Address,	1019 N. Caroline st.
Remarks,	

8 9 5 0 0 0 0 1 6 8

been conferred) its sex, color, the time when, and the name and residence of the parents, which said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62329

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Wht.
3. *Date of Birth,*	Jany. 1 / 95
4. *Place of Birth, (Street and Number)*	2010 Kidgwood Ave.
5. *Full Name of Mother,*	Mrs Jno. N. Schwartz
6. *Mother's Maiden Name,*	Margaret King.
7. *Mother's Birthplace,*	Balto. City.
8. *Full Name of Father,*	Jno. N. Schwartz
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Balto. Co. Md.
Name of Medical Attendant, or other person who makes this Return,	E. Agnail M.D.
Address,	2535 Penna. Ave
Remarks,	

8950000169

been conferred), its sex, color, the name and residence of the parents, and the date of birth, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in attendance, or, if no such practitioner be in attendance upon the mother, the midwife, or, if there be no midwife, the nearest relative present at the birth, or, if there be no other person present, then the mother herself, shall report its birth to the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 6 2330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Herman Albert Voneiff

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 18th 1895
4. Place of Birth, (Street and Number) 624 George St.
5. Full Name of Mother, Louisa Voneiff
6. Mother's Maiden Name, Louisa Knefelcy
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Charles J. Voneiff
9. Father's Occupation, Physician Educator Wholesale Grocer
10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, John Morris

Address, 118 E Franklin St.

Remarks, GIVEN NAME ADDED 11-15-54 LH

8 9 5 U 0 0 0 1 7 0

Health. This Certificate must be filled out as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 62331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) girle
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan 18 1895
4. Place of Birth, (Street and Number) 7 N Barney st
5. Full Name of Mother, Agusta Gruby
6. Mother's Maiden Name, Muller
7. Mother's Birthplace, Germany
8. Full Name of Father, Fredrich Gruby
9. Father's Occupation labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 434 Fort ave

Remarks,

8 7 5 U 0 0 0 1 7 1

(conferred) its sex, color, the full name and occupation of its parents, of a certificate between the first and
been conferred, duly signed by the practitioner in the form of the Commissioner of Health. In case the birth of any child
said schedule shall be delivered, duly signed by the practitioner in the form of the Commissioner of Health. In case the birth of any child
third day of each and every month to the office of the practioner of midwifery, or should no other person be in
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Over

RETURN OF A BIRTH. 62332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

Name of Child: Louis Tiffany Wunder 2nd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 19th, (1894) 1895
4. Place of Birth, (Street and Number) 1075 W. Fayette St.
5. Full Name of Mother, Emma Claire Wunder
6. Mother's Maiden Name, Emma Claire Abbott
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Joseph O. Wunder, M.D.,
9. Father's Occupation Physician
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Joseph O. Wunder, M.D.

Address, 1075 W. Fayette St.

Remarks, L. O. L. A.

8 7 5 U 0 0 0 1 7 2

been conferred) its sex, color, the full name and occupation of its parents, the time of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, 19 Jan. 1895
4. Place of Birth, (Street and Number) 103 E Barney st
5. Full Name of Mother, Mary Fuss
6. Mother's Maiden Name, Spaud
7. Mother's Birthplace, Germany
8. Full Name of Father, Rudolph Fuss
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 434 Fort ave

Remarks,

8 9 5 U 0 0 0 1 7 3

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 62334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

B

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3rd, &c.~~) Lillian Hamilton Thompson

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, Jan 21 1895; 310 A.M.
4. Place of Birth, (Street and Number) 421 S Eden St
5. Full Name of Mother, Josephine Thompson
6. Mother's Maiden Name, Ford
7. Mother's Birthplace, Balti
8. Full Name of Father, William B. Thompson
9. Father's Occupation Salesman
10. Father's Birthplace, Balti

Name of Medical Attendant, or other person who makes this Return, Abraham Hertzberg M.D.

Address, 25 N Poplar St

Remarks, GIVEN NAME ADDED. 2-13-52

B 4 5 0 0 0 0 1 7 4

month, and shall set forth as far as the same can be ascertained of its parents, the date and place of birth; and the full name and occupation of the practitioner in the form of a certificate between the first and been conferred, its sex, color, duly signed by the said schedule shall be delivered by the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the person or parents of such shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 10th 95.
4. Place of Birth, (Street and Number) 2025 E. Eager st.
5. Full Name of Mother, Louise Leusch
6. Mother's Maiden Name, Louise Quast
7. Mother's Birthplace, Germany
8. Full Name of Father, Richard Leusch
9. Father's Occupation, Cake Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Chas L.A. Heyer M.D.

Address, 1019 N. Caroline Str.

Remarks,

8 Y 5 U 0 0 0 0 1 7 5

been conferred, its sex, color, the name, residence and occupation of the parents, and such other facts as may be required by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	11 January 1895
4. Place of Birth, (Street and Number)	Boyle st Baltimore Md
5. Full Name of Mother,	Sarah Shekell
6. Mother's Maiden Name,	Sarah Lawrence
7. Mother's Birthplace,	Richmond, Va
8. Full Name of Father,	Benj Thomas Shekell
9. Father's Occupation,	Labor
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Emelia Potter
Address,	1407 Nicholson st
Remarks,	8950000176

been conferred) its sex, color, the full name and occupation of the parents, the number of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 62387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 12th 1895
4. Place of Birth, (Street and Number) 1810 Federal street
5. Full Name of Mother, Catharine E Eldridge
6. Mother's Maiden Name, Catharine E Obert
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Patrick Eldridge
9. Father's Occupation, Ship Mason
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. James E Whitford M.D.

Address, 819 Aisquith street

Remarks,

8950000177

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 62338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 13th of January. 1895
4. Place of Birth, (Street and Number) 118 Low St
5. Full Name of Mother, Bere Paiser.
6. Mother's Maiden Name, Bere Klein.
7. Mother's Birthplace, Austro - Hungary.
8. Full Name of Father, Adolph Paiser.
9. Father's Occupation Baker.
10. Father's Birthplace, Galatia.

Name of Medical Attendant, or other person who makes this Return, Eva Cohen.

Address, 246 Harmon St.

Remarks, Mother and Baby well attended.

8 7 5 U 0 0 0 1 7 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 13/95
4. Place of Birth, (Street and Number) Pikesville pk. near Oakland Ave.
5. Full Name of Mother, Clara V. Matt
6. Mother's Maiden Name, Westcott
7. Mother's Birthplace, Philad. Pa.
8. Full Name of Father, Albert Matt
9. Father's Occupation, Clerk
10. Father's Birthplace, New York State

Name of Medical Attendant, or other person who makes this Return, Jas. H. Craighill M.D.

Address, 1730 N. Charles

Remarks, 8 Y 5 U 0 0 0 0 1 7 9

The first and full name and occupation of the parents, the date and place of birth, sex, color, the full name and occupation of the parents, the date of the certificate between the first and been conferred) its sex, color, the full name and occupation of the parents, the date of a certificate in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Jan 14. 1895

4. Place of Birth, (Street and Number) 1755 E. Preston St.

5. Full Name of Mother, Mary Ellen Owens Harris

6. Mother's Maiden Name, " " Owens.

7. Mother's Birthplace, Balto.

8. Full Name of Father, James Lewis Harris

9. Father's Occupation ~~Balto~~ Stereotyper

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Com Belle Brenstein M.D.

Address, 1027 Madison Ave

Remarks,

8 7 5 U 0 0 0 1 8 0

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth such facts as the same of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 14th 1895
4. *Place of Birth, (Street and Number)*	1218 Williams St
5. *Full Name of Mother,*	Mary Lee Goodman
6. *Mother's Maiden Name,*	Mary L. Akehurst
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Harvey L. Goodman
9. *Father's Occupation*	Machinist
10. *Father's Birthplace,*	Richmond Va
Name of Medical Attendant, or other person who makes this Return,	B F Phillips M D
Address,	753 W Lexington St
Remarks,	

8 7 5 U 0 0 0 1 8 1

month, and shall set forth as far as the same can be ascertained of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62842

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) —
3. Date of Birth, Jan. 15. 95
4. Place of Birth, (Street and Number) 1933 E. Balt. St.
5. Full Name of Mother, (Mrs. James) Lillian Augusta Nichols
6. Mother's Maiden Name, Miss " " Augusta
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Edward James Nichols
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, G. G. Rench M.D.

Address, 2006 E. Balt. St.

Remarks, Paternal Residence

1 8 7 5 0 0 0 0 1 8 2

month, and shall state the sex, color, the full name and occupation of its parents, the date and place of birth, and such other facts as may be required by the Commissioner of Health, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62343

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6 January 1895
4. *Place of Birth, (Street and Number)* 1526 Eoland Ave
5. *Full Name of Mother,* Mary Hollister
6. *Mother's Maiden Name,* Mary Foolsom
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jall Hollister
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Louise Lastara

Address, 1010 Durham st

Remarks,

1 8 9 5 0 0 0 0 1 8 3

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female, DELLA BLANCHE
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 11-1895
4. Place of Birth, (Street and Number) 1602 N. Gilmor St
5. Full Name of Mother, Della V. Hagen
6. Mother's Maiden Name, Della V. Mitchel
7. Mother's Birthplace, Prince George County
8. Full Name of Father, L. L. Hagen
9. Father's Occupation. Watchmaker
10. Father's Birthplace, Balto. Co. Md

Name of Medical Attendant, or other person who makes this Return. Wm S Lowman

Address, 572 Pleasant St

Remarks,

8 Y 5 U 0 0 0 0 1 8 4

month, and shall set forth as far as the same can be ascertained from its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child been conferred) its sex, color, the full name and occupation of the practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 62345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	12 January 1895
4. *Place of Birth, (Street and Number)*	2006 Eoant
5. *Full Name of Mother,*	Mary E Ebert
6. *Mother's Maiden Name,*	Mary Lizing
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Robert Ebert
9. *Father's Occupation*	Hairpinner
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Alois Lutze
Address,	1010 Durham st
Remarks,	

8 9 5 U 0 0 0 1 8 5

month, and shall set forth as far as the same can be ascertained the full name of child, sex, color, date of birth; and the place of birth; and the name and occupation of its parents, the date and place of their marriage, and the number of children born to the mother, and the number now living; and the full name and occupation of the physician or midwife, if any, in attendance upon the mother at the birth of the child, and the full name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) dritte 3.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Jan. 14th 95.
4. *Place of Birth, (Street and Number)* 1225 Bayard St
5. *Full Name of Mother,* Katharina Heitger
6. *Mother's Maiden Name,* Katharina Wolf.
7. *Mother's Birthplace,* Wiesenfelden
8. *Full Name of Father,* Joseph Heitger
9. *Father's Occupation,* Labor.
10. *Father's Birthplace,* Röthenbach

Name of Medical Attendant, or other person who makes this Return, Dr. Wales. Mitt Frau

Address, 1218 Bayard St.

Remarks,

8 7 5 U 0 0 0 1 8 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Born 15th Jan
4. Place of Birth, (Street and Number) 2024 Little Parkin St Balto
5. Full Name of Mother, Sidney St Bowersox
6. Mother's Maiden Name, Sidney St Archibald
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, Thomas Bowersox
9. Father's Occupation, Labor
10. Father's Birthplace, Balto County

Name of Medical Attendant, or other person who makes this Return. Susie Watts 1218 Bayard St

Address,

Remarks,

8 9 5 0 0 0 0 1 8 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62348

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. A

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) William Edward First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, January 17 1895
4. Place of Birth, (Street and Number) 124 South Gilmore St
5. Full Name of Mother, Mary Margaret Miller
6. Mother's Maiden Name, Mary Margaret Collins
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Joseph Miller
9. Father's Occupation, Hatter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return,

Address, Maggie C Waters 1328 W Baltimore St

Remarks, 8 9 5 U 0 0 0 1 8 8

been conferred) the sex, color, the full name of the child, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Printers and Stationers.

RETURN OF A BIRTH. 62349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 15th 1895
4. Place of Birth, (Street and Number) 1104 W Pratt st Balto Md
5. Full Name of Mother, Lilly Jane Bouchey
6. Mother's Maiden Name, Lilly Jane Matthews
7. Mother's Birthplace, Hampsferry West. Va
8. Full Name of Father, James Henry Bouchey
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Thomas Matthews

Address, 1104 W Pratt st Balto Md / 218 Bayard st

Remarks, md

8750000189

been conferred) its sex, color, the full name and occupation of its parents, the certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 62350

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd "

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 20 " '95
4. Place of Birth, (Street and Number) 1117 E. Fayette
5. Full Name of Mother, Edith Bornstrohm
6. Mother's Maiden Name, Edith Lewis
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Benjamin Bornstrohm
9. Father's Occupation, Book keeper
10. Father's Birthplace, Sweden

Name of Medical Attendant, or other person who makes this Return, Wm Clyde Burns MD

Address, 1126 E. Fayette

Remarks,

8 7 5 0 0 0 0 1 9 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 62357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Jan. 20
3. *Date of Birth,*	White
4. *Place of Birth, (Street and Number)*	Bond St. 733
5. *Full Name of Mother,*	Mary Koshenaska
6. *Mother's Maiden Name,*	Pawlski
7. *Mother's Birthplace,*	Poland
8. *Full Name of Father,*	John Koshenaska
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Poland
Name of Medical Attendant, or other person who makes this Return,	Mary Krzyka
Address,	60 N Bond St.
Remarks,	

8 4 5 0 0 0 0 1 9 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth of the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62352

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 4th 1895
4. Place of Birth, (Street and Number) 1542 N. Broadway
5. Full Name of Mother, Georgeanna Root.
6. Mother's Maiden Name, " Merrill
7. Mother's Birthplace, Connecticut
8. Full Name of Father, Edward Talmage Root
9. Father's Occupation, Minister
10. Father's Birthplace, Ohio

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M. D.

Address,

Remarks,

8 9 5 U 0 0 0 1 9 2

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been conferred) its sex, color, the full name and occupation of the parents in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the presence of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (~~state whether male or~~ female)* ~~female~~
2. *Race or Color, (~~if~~ not of the white race)* Colored
3. *Date of Birth,* Janu 15 1895
4. *Place of Birth, (Street and Number)* 2129 Division St
5. *Full Name of Mother,* Mary Roye
6. *Mother's Maiden Name,* Jones
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Walter Roye
9. *Father's Occupation,* Bullis
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return. P. Kuntzing MD

Address, 601 N Franklin St

Remarks, 20 A

8 7 5 U 0 0 0 1 9 3

The ... month, and shall set forth as far as the same can be ascertained the full name, sex, color, race and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

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RETURN OF A BIRTH. 62354

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (~~male, female~~ 1st, ~~male, female~~)

1. Sex, (~~male, female~~ female)
2. Race or Color, (~~white~~ not of the white race) Colored
3. Date of Birth, Jany 17
4. Place of Birth, (Street and Number) 314 Diamond
5. Full Name of Mother, Theresa Williams (Not Married)
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, Pearce Kuntzing

Address, Geo W Frankfurt

Remarks, Breech -

8 Y 5 U 0 0 0 0 1 9 4

WM J C DULANY CO CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth of such shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

month, and shall set forth as far as the same can be ascertained the names of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62355

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

4.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 15th 1895.
4. Place of Birth, (Street and Number) 2111 Division st.
5. Full Name of Mother, Martha Washington Cordray Finch
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Felix B. Cordray
9. Father's Occupation, Conductor
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return, E. B. Feuby, M. D.

Address,

Remarks,

8 9 5 U 0 0 0 1 9 5

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62356

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained, the date and place of birth, full name and occupation of its parents, the date and place of marriage, and the number of children (including the first and last born) to which the mother has been delivered; and shall be signed by the practitioner in the form of a certificate between the first and been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and number of children (including the first and last born) to which the mother has been delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such third day of each and every month to the office of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable. attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan: 18th 1895.
4. *Place of Birth, (Street and Number)*	18th N. Preston Street
5. *Full Name of Mother,*	Charlotte Symington Riggs
6. *Mother's Maiden Name,*	Charlotte Symington
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Jesse Bright Riggs
9. *Father's Occupation,*	Insurance Broker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendent, or other person who makes this Return.	H. P. O. Wilson
Address,	814 Park Avenue
Remarks,	

8 7 5 0 0 0 0 1 9 6

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RETURN OF A BIRTH 62357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

4

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Primary
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1895 Jany 19th 2. A m.
4. *Place of Birth, (Street and Number)*	~~the~~ 12 11 N Baltimore St
5. *Full Name of Mother,*	Maime Rice
6. *Mother's Maiden Name,*	Maime Stokevis
7. *Mother's Birthplace,*	Newyork City
8. *Full Name of Father,*	Abram Rice
9. *Father's Occupation,*	Wholesale Clothing Cutter
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	A H Saxton M D
Address,	1136 N Eutaw St
Remarks,	

6 Y 5 U 0 0 0 1 9 7

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The same can be ascertained, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the full name and occupation of its parents, the sex, color, the full name and occupation of its parents, the date and place of birth; and the practitioner in the form of a certificate between the first and been conferred, duly signed by the practitioner in the form of a certificate between the first and delivered, duly signed by the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child to the office of the Commissioner of midwifery, or should no other person be in month to the office of the Commissioner of midwifery, or should no other person be in said third day of each and every month to the office of the person or parents of such physician or practitioner of midwifery, or of the person or parents of such third day of each and every month to the office of a physician or practitioner of midwifery, or of the person or parents of such attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance without the attendance of a physician or practitioner it shall become the duty of the person or parents of such shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such shall occur upon the mother, immediately thereafter, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall be subject to the penalty hereinafter provided. Any person who shall fail to comply with the provisions of this section

RETURN OF A BIRTH. 62357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Jany 19th 1895
4. *Place of Birth, (Street and Number)*	# 332 Smallwood St
5. *Full Name of Mother,*	Mrs. Lota, Wilson
6. *Mother's Maiden Name,*	Miss, " Hartman
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Richard Wilson
9. *Father's Occupation*	Engineer
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	# 2008 N. Henry St
Remarks,	

8 7 5 0 0 0 0 1 9 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Quu

RETURN OF A BIRTH. 62359

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Christina Lynch

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	9th January 1895
4. *Place of Birth, (Street and Number)*	712 Hollins Street
5. *Full Name of Mother,*	Mary Lynch
6. *Mother's Maiden Name,*	Mary O'Brien
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Michael Lynch
9. *Father's Occupation,*	Balto City Fire Department
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Thos Twomey Mary Mistress
Address,	
Remarks,	

8 9 5 U 0 0 0 1 9 9

month, and shall set forth as far as the same can be ascertained the name of its parents, the date and place of birth, and the name, sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 62260

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh Child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19th Jan 1872
4. Place of Birth, (Street and Number) Baltimore Ind 435 S Paca St
5. Full Name of Mother, Augustia Dembinski
6. Mother's Maiden Name, Bier
7. Mother's Birthplace, Germany
8. Full Name of Father, Williams Dembinski
9. Father's Occupation, Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Fanning
Address, 414 S Streeter St Baltimore Co Md
Remarks, Mother and Child are doing well

8950000200

(Number conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and such other information as may be required by the Commissioner of Health. In case of a birth occurring between the first and third day of each and every month, the physician or practitioner in the case shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered to the office of the Commissioner of Health. In case the birth of any child been conferred, duly signed by the Commissioner of Health, or should no other person be in said schedule shall be delivered to the office of midwifery, or should no other person or parents of such third day of each and every month to the office of a physician or practitioner it shall become the duty of the person or parents of such shall occur without the mother, immediately thereafter it shall become the duty of the period above required, and attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, Jan 19 1895
4. Place of Birth, (Street and Number) 1222 Bayard St
5. Full Name of Mother, Maland Gaines
6. Mother's Maiden Name, Maland Brown
7. Mother's Birthplace, Stallard Co Va
8. Full Name of Father, Robert Gaines
9. Father's Occupation, Laborer
10. Father's Birthplace, Exsit Co Va

Name of Medical Attendant, or other person who makes this Return, Luverne Mill

Address, 1360 Cleveland St

Remarks, Came a long years dwell Consider

BY5U000201

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 62062

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 & Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 19/92

4. Place of Birth, (Street and Number) #24 E York Street Balto

5. Full Name of Mother, Gusta Maternity

6. Mother's Maiden Name, Gusta Bakinsky

7. Mother's Birthplace, Russia

8. Full Name of Father, Jacob Maternity

9. Father's Occupation, Hardy Store

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Lena Barber

Address, #41 E. York St Balto.

Remarks,

8950000202

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the number of the child of the mother (whether first, second, third, or other number) and within the period above required, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62363

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 5th A
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	the 20th January 1895
4. *Place of Birth, (Street and Number)*	No 424 E Fayette St.
5. *Full Name of Mother,*	Mary E Kerr
6. *Mother's Maiden Name,*	Mary E Murray
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Edward Kerr
9. *Father's Occupation*	Chain packer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Ch. Lauer
Address,	No 105 S Stafford Ave
Remarks,	Bal. Md.
	1895.

8 9 5 U 0 0 0 2 0 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62364

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 20 / 1895
4. *Place of Birth, (Street and Number)*	1211 W Fayette St Balto Md
5. *Full Name of Mother,*	Emma Ada Warren
6. *Mother's Maiden Name,*	" " Phelan
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Robt Hunter Warren
9. *Father's Occupation*	Salesman
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return,	Susan Hunter
Address,	234 S Appleton St
Remarks,	

8 4 5 0 0 0 0 2 0 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62365

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female). Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan. 20th 1895
4. Place of Birth, (Street and Number) 410 Linwood Hill Ave.
5. Full Name of Mother, Francis Wilkinson.
6. Mother's Maiden Name, Francis Henson.
7. Mother's Birthplace, Cambridge Md.
8. Full Name of Father, Samuel Wilkinson
9. Father's Occupation waiter.
10. Father's Birthplace, Philadelphia Pa.

Name of Medical Attendant, or other person who makes this Return. Hester Colaire

Address, 507 N. Preston St.

Remarks.

1895 0 0 0 0 2 0 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62366 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 21 - 95
4. Place of Birth, (Street and Number) Cooksie St 1309
5. Full Name of Mother, Mary Vey
6. Mother's Maiden Name, Jackson
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Francis Vey
9. Father's Occupation, Hewdore
10. Father's Birthplace, Southampton England

Name of Medical Attendant, or other person who makes this Return. Johanna Jonske

Address, Garrett alee 1363

Remarks,

1895000002 06

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 62367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro Race
3. Date of Birth, January 21st 1895
4. Place of Birth, (Street and Number) 624 Smith Street
5. Full Name of Mother, Mary Stanly
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Do not Know
9. Father's Occupation,
10. Father's Birthplace, Do not Know

Name of Medical Attendant, or other person who makes this Return, J. W. Langille M.D.

Address, 430 W Biddle Street

Remarks,

8 7 5 0 0 0 0 2 0 7

month, and shall set forth as far as the same can be ascertained of its parents, the date and place of birth, and the name, and shall set forth as far as the same can be ascertained of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of a certificate between the first and been conferred) its sex, color, the full name and occupation of a certificate between the first and been conferred) its sex, color, the full name and occupation of a certificate between the first and

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 4.th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* The 21 of January 1875
4. *Place of Birth, (Street and Number)* No 1015 West Lilly
5. *Full Name of Mother,* Cathrine Magdenath
6. *Mother's Maiden Name,* Cathrine Sauer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frank Magdenath
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return Mr Ch. Sauer

Address, No 1054 Harford Ave

Remarks, Bal. Md.

1875

8750000208

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 62369

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child, or whether born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	Jan. 21st 1895
4. *Place of Birth, (Street and Number)*	914 N. Bond St.
5. *Full Name of Mother,*	Fanny E. ~~(Schmidt)~~ Schmidt
6. *Mother's Maiden Name,*	Fanny E. Kelley.
7. *Mother's Birthplace,*	Baltimore, Md.
8. *Full Name of Father,*	John F. ~~(Schmidt)~~ Schmidt
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	Baltimore, Md.
Name of Medical Attendant, or other Person who makes this Return.	Alfred K. Giles, M.D.
Address,	340 Augusta St.
Remarks,	Full name of child - Albert L. Schmidt

8950000209

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 62370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Primary

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jany 22/95. 5. a m.
4. *Place of Birth, (Street and Number)* 23. S Calhoun St.
5. *Full Name of Mother,* Cora Rine
6. *Mother's Maiden Name,* Cora Taylor
7. *Mother's Birthplace,* Westmoreland Co Va.
8. *Full Name of Father,* Jesse Rine
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Frederick Md.

Name of Medical Attendant, or other person who makes this Return, A. H. Layton M.D.

Address, 1136 N. Eden St.

Remarks,

8 7 5 0 0 0 0 2 1 0

Wm. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 62871

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st. 2d. 3d, &c.) Eleven

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 22/95
4. Place of Birth, (Street and Number) 437 N. Central Ave
5. Full Name of Mother, Mrs Missouri Brown
6. Mother's Maiden Name, Miss Missouri Williams
7. Mother's Birthplace, Baltimore City Md.
8. Full Name of Father, Mr Joseph Brown
9. Father's Occupation, Truck Driver
10. Father's Birthplace, Baltimore City Md.

Name of Medical Attendant, or other person who makes this Return, Busaid ~~Thrasher~~ Hooper.

Address, Lubeck st near Fayette st

Remarks,

8950000211

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62372

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 months

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 22nd 1895
4. Place of Birth, (Street and Number) 412 Parrish St.
5. Full Name of Mother, Katie Washington age 19
6. Mother's Maiden Name, Katie Hammond
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, James Washington age 20
9. Father's Occupation, Porter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Carrie Reid

Address, 417 Parrish St.

Remarks,

1895 0 0 0 0 2 1 2

Wm. J. C. Dulany Co., City-Printers and Stationers.

RETURN OF A BIRTH. 62373

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 22 / 95
4. Place of Birth, (Street and Number) # 726 Gough Charles Line
5. Full Name of Mother, Rachel Abel
6. Mother's Maiden Name, Rachel Cohen
7. Mother's Birthplace, Russia
8. Full Name of Father, Jacob Abel
9. Father's Occupation Butcher
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Lena Barber

Address, 741 E. York Street.

Remarks,

8950000213

Wm. J. C. Dulany Co., City Printers and Stationers.

(...) its sex, color, the full name and occupation of its parents, the date and place of birth; and the (...) been conferred) duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Jan 23rd / 95

4. *Place of Birth, (Street and Number)* No 1024 Granby Sts

5. *Full Name of Mother,* Anna Kriss

6. *Mother's Maiden Name,* Kriener

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* John Kriss

9. *Father's Occupation* Coppersmith

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Grass.

Address, No 1907 E Monument Sts.

Remarks,

8950000214

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 62376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Primary
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jany 23d/95. 3. a m.
4. *Place of Birth, (Street and Number)*	1319 - Hollins St -
5. *Full Name of Mother,*	Frances J. Parker.
6. *Mother's Maiden Name,*	Frances J. Morris.
7. *Mother's Birthplace,*	Norfolk, Va.
8. *Full Name of Father,*	Henry J. Parker.
9. *Father's Occupation,*	Mercantile Traveller.
10. *Father's Birthplace,*	Philadelphia, Pa.
Name of Medical Attendant, or other person who makes this Return.	A. D. Garyton. M.D.
Address,	1136 W. Lexington St
Remarks,	

8 9 5 0 0 0 0 2 1 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 62376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 23. 1895
4. Place of Birth, (Street and Number) 104 Hanover St
5. Full Name of Mother, Mary E. Benyes
6. Mother's Maiden Name, Mary E. Hale
7. Mother's Birthplace, Baltimore county Md
8. Full Name of Father, John Otto Benyes
9. Father's Occupation, Baker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Ellenora A. Anderson

Address, 1434 Patapsco St

Remarks,

8 9 5 0 0 0 0 2 1 6

been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth, and the number (if any) which has been given to the child by the Commissioner of Health. In case the birth of any child shall occur between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62377

GIVEN NAME ADDED 11-29-54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Elsie Voigt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 d.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	The 21 of January 18
4. *Place of Birth, (Street and Number)*	# 1126 Harford Ave
5. *Full Name of Mother,*	Francis Voigt
6. *Mother's Maiden Name,*	Francis Jabel
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Herman Voigt
9. *Father's Occupation*	Tavern Keeper
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Christina Power
Address,	1059 Harford Ave
Remarks,	Balto Md
	City

8 9 5 0 0 0 0 2 1 7

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as the name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 24th 1898
4. *Place of Birth, (Street and Number)* 1542 Druid St.
5. *Full Name of Mother,* Alice Lewis
6. *Mother's Maiden Name,* Alice Johnson
7. *Mother's Birthplace,* Carroll Co Md
8. *Full Name of Father,* Charles Lewis
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Carroll Co Md

Name of Medical Attendant, or other person who makes this Return. Jerry Thomas M.D.

Address, 1542 Druid St

Remarks, 87500 0 0 2 1 8 by Dr. Thomas

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of births, which shall contain a list of the births with the full name of each child, if any given, and the Health. This schedule shall be ascertained the full name of each child, if any given, and the month, and shall set forth as far as the same can be ascertained of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* [redacted]

4. *Place of Birth, (Street and Number)* [redacted]

5. *Full Name of Mother,* Mary Jane Smith

6. *Mother's Maiden Name,* "

7. *Mother's Birthplace,* Maryland

8. *Full Name of Father,* Unknown

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 612 Collins Ave

Remarks, The child has birth certificate

[illegible]

8 7 5 U 0 0 0 2 1 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 62280

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 25. 1895
4. *Place of Birth, (Street and Number)*	1215 N. Fauvale St.
5. *Full Name of Mother,*	Alice Conradt
6. *Mother's Maiden Name,*	Dougherty
7. *Mother's Birthplace,*	Balt.
8. *Full Name of Father,*	S. Ernest Conradt
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Balt.
Name of Medical Attendant, or other Person who makes this Return.	A. M. Wilson
Address,	1008 Mad. Ave.
Remarks,	

1895 00 00220

List of the births which have occurred under his or her care during the month, giving sex, color, the full name and occupation of its ascertained, the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate by the first and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. #23,81

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	28 of January 95
4. *Place of Birth, (Street and Number)*	939 Ensor ste
5. *Full Name of Mother,*	Annie Clark
6. *Mother's Maiden Name,*	Annie Hussey
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Michael Clark
9. *Father's Occupation*	Plumber
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Mrs Cunningham
Address,	
Remarks,	

8750000221

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 12
4. Place of Birth, (Street and Number)	612 W Conway st.
5. Full Name of Mother,	Mary C. McC Murray
6. Mother's Maiden Name,	Mary A Langlois
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	George T. H. Murray
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other person who makes this Return,	Mrs. Barge
Address,	711 W Lexington
Remarks,	

8950000222

month, and shall set forth as far as the same can be ascertained the name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. A

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) boy.
2. Race or Color, (if not of the white race) white
3. Date of Birth, 1 January.
4. Place of Birth, (Street and Number) 1016 Scott St.
5. Full Name of Mother, Charlotte Stein
6. Mother's Maiden Name, William Michael.
7. Mother's Birthplace, Germany.
8. Full Name of Father, William Stein
9. Father's Occupation, Carpetweaver.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Bange

Address, 711 Ostend St

Remarks, 8450000223

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and the full name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred; its

RETURN OF A BIRTH. 62384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the forth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 1895
4. *Place of Birth, (Street and Number)* Bethel St 1711
5. *Full Name of Mother,* Annie M. Hurst
6. *Mother's Maiden Name,* Annie M. Hurst
7. *Mother's Birthplace,* Somerset County Md
8. *Full Name of Father,* John H. Lewis
9. *Father's Occupation.* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Martha A Lewis

Address, 1602 E Lanvale St

Remarks,

8 9 5 0 0 0 0 2 2 4

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the date and place of birth, and the name, sex, color, and occupation of its parents, the date and place of birth, and the full name and occupation in the form of a certificate between the first and been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62385

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 4 1895
4. Place of Birth, (Street and Number) Baltimore, Hospital 1221 Linden Ave
5. Full Name of Mother, Theresa Maria Evans
6. Mother's Maiden Name, Theresa Maria Schultz
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Nelson Evans
9. Father's Occupation, Baptizer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 N. Broadway

Remarks, 8950000225

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	5th Jan 1895
4. *Place of Birth, (Street and Number)*	934 E Gay st
5. *Full Name of Mother,*	Fanny Schramm
6. *Mother's Maiden Name,*	Fanny Stoeen
7. *Mother's Birthplace,*	Frederick Co Md
8. *Full Name of Father,*	Bernhard Schramm
9. *Father's Occupation*	Cigar Maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Julia Groome
Address,	934 E Gay st
Remarks,	

8 9 5 U 0 0 0 2 2 6

and shall set forth as far as the same can be ascertained the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

W. M. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 6238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st & 8th

1. Sex, (state whether male or female) Male & Female
2. Race or Color, (if not of the white race) Coloured
3. Date of Birth, Jan 3rd 1895
4. Place of Birth, (Street and Number) 502 Biddle Alley
5. Full Name of Mother, Tiny Clayton
6. Mother's Maiden Name,
7. Mother's Birthplace, Centreville Queen Anns Co
8. Full Name of Father, Alex Smith
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Ida Pollack M.D

Address, 1030 McCulloh St

Remarks,

1895 0 0 0 0 2 2 7

month, and shall set forth as far as the same can be ascertained the name, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62388

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	January 6 1945
4. *Place of Birth, (Street and Number)*	1004 Poices place
5. *Full Name of Mother,*	Johnna Jeuble
6. *Mother's Maiden Name,*	Johnna Swillifant
7. *Mother's Birthplace,*	Poland,
8. *Full Name of Father,*	Elmer Jeuble
9. *Father's Occupation*	Shipping Clerk
10. *Father's Birthplace,*	Frederick Md,
Name of Medical Attendant, or other person who makes this Return,	Mrs. Cunningham
Address,	
Remarks,	

8 9 5 U 0 0 0 0 2 2 8

month, and shall set forth as far as the same can be ascertained the full name, sex, color, date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62 359

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Jan 6 1895
4. Place of Birth, (Street and Number) 1741 W Cairo St
5. Full Name of Mother, Katie Lounsome
6. Mother's Maiden Name, Katie Washington
7. Mother's Birthplace, Carolina Va
8. Full Name of Father, Washington Lounsome
9. Father's Occupation Laborer
10. Father's Birthplace, Carolina Va

Name of Medical Attendant, or other person who makes this Return, Charles Thomas Harper

Address, 1800 W Saratoga St.

Remarks,

8 7 5 0 0 0 0 2 2 9

month, and shall set forth as far as the same can be ascertained the full name, sex and color of child and the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec 6th 1925
4. *Place of Birth, (Street and Number)* 1124 Druid Hill Ave
5. *Full Name of Mother,* Mrs Rebecca Brown
6. *Mother's Maiden Name,* Mary Rebecca Sears
7. *Mother's Birthplace.* Hampton Virginia
8. *Full Name of Father,* Harold Brown Brown
9. *Father's Occupation* Factory Laborer Worked
10. *Father's Birthplace,* Easton Talbot Maryland

Name of Medical Attendant, or other person who makes this Return. Mrs Hall

Address, 612 Collins Ave

Remarks,

8 7 5 U 0 0 0 2 3 0

register of births shall contain a list of the births ... the full name of each child, (if any name is ... health. This schedule shall contain a list of the births ... the full name of each child, (if any name is ... ascertained the same can be ascertained the full name of each child, (if any name is ... as far as the same can be ascertained the full name of each child, (if any name is ... and shall set forth as far as the same can be ascertained the full name of each child, (if any name is ... occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any name is ... name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the ... practitioner in the form of a certificate between the first and been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the ... practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child ... Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child ... office of the Commissioner of Health. In case the birth of any child said schedule shall become the duty of the person or parents of such ... should no other person be in said schedule shall become the duty of the person or parents of such ... midwifery, or should no other person be in said schedule shall become the duty of the person or parents of such ... practitioner of midwifery, or should no other person be in said schedule shall become the duty of the person or parents of such third day of each and every month to the office of the Commissioner of Health, or should no other person be in ... attendance of a physician or practitioner of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of Health, or should no other person be in ... without the attendance of a physician or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ... become the duty of the person or parents of such shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ... hereafter it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ... above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such shall ... within the period above required, and shall to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... provisions of this section shall be sub- child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ... shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. ... offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62391

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	Colored.
3. *Date of Birth,*	January 7th 1900.
4. *Place of Birth, (Street and Number)*	Barnes Street.
5. *Full Name of Mother,*	Matilda Henby.
6. *Mother's Maiden Name,*	Matilda Henby.
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Sunny Snowgrass.
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Cordelia Ann Howard
Address,	1013 N. Chapel Street.
Remarks,	8950000231

This schedule shall contain a list of the births which have occurred since the last return of each child, (if any shall have been conferred) its sex, color; the full name and occupation in the form of a certificate between the first and month, and shall set forth as far as the same can be ascertained the full name of each child; and the Health. This schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62392

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 7th 1895
4. Place of Birth, (Street and Number) 2003 Canton ave
5. Full Name of Mother, Margie McCloud
6. Mother's Maiden Name, Margie Williams
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph S. McCloud
9. Father's Occupation Shipping Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Adolph C. Eisenhardt A.B. M.D.

Address, N. E. Cor Bank and Wolfe sts

Remarks,

8750000232

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	7 Jan
4. *Place of Birth, (Street and Number)*	1107 Ridgley st
5. *Full Name of Mother,*	Clara Davis
6. *Mother's Maiden Name,*	Clara Lanstar
7. *Mother's Birthplace,*	Philada
8. *Full Name of Father,*	Joseph Davis
9. *Father's Occupation,*	Glass Blower
10. *Father's Birthplace,*	Delaware
Name of Medical Attendant, or other person who makes this Return,	Mrs Bange
Address,	711 Cross st
Remarks,	

8 9 5 0 0 0 0 2 3 3

month, and shall set forth as far as the same can be ascertained the full name, sex, color and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 62394

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 January 1895
4. Place of Birth, (Street and Number) Columbia Ave 1245
5. Full Name of Mother, Louisa Amanda Wenz Reimer
6. Mother's Maiden Name,
7. Mother's Birthplace, Marienburg W/P Germania
8. Full Name of Father, Johan Wenz
9. Father's Occupation, Laborer
10. Father's Birthplace, Hingweiler Germania

Name of Medical Attendant, or other person who makes this Return, Miss Barge 711 N. Evans

Address,

Remarks,

8 7 5 0 0 0 0 2 3 4

month, and shall set forth as far as the same can be ascertained the full name of each child, the date and place of birth; and the name, age, residence and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

~~62392~~
62393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Kind
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white race
3. *Date of Birth,*	7 January 1895
4. *Place of Birth, (Street and Number)*	1113 E. Pratt st
5. *Full Name of Mother,*	Beky Kohen
6. *Mother's Maiden Name,*	Europa
7. *Mother's Birthplace,*	Moses Kohen
8. *Full Name of Father,*	Storekeeper
9. *Father's Occupation,*	Europa
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	Livie Handler
Address,	1113 E Pratt st
Remarks,	

8950000235

This schedule shall contain a list of the births [illegible] the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation in the form of a certificate between the first and Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of such child, the said mother shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall report its birth to the Commissioner of Health, in the manner and within the period above required, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate to the office of the Commissioner of midwifery, or should no other person or parents of such third day of each and every month to the office of the duty of the person above required, and

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GIVEN NAME ADDED 11-6-52 E 2396

RETURN OF A BIRTH. A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Irene ~~Emma~~ Stallknecht

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, 8th of January, 1895
4. Place of Birth, (Street and Number) 1605 E Townsend st
5. Full Name of Mother, Catharine Stallknecht
6. Mother's Maiden Name, Catharine Schutte
7. Mother's Birthplace, Baltimore city
8. Full Name of Father, Julius Stallknecht
9. Father's Occupation Barber
10. Father's Birthplace, Norfolk Virginia

Name of Medical Attendant, or other person who makes this Return, Mrs Martha A Fowler 1600 E Lombard st

Address,

Remarks,

8 7 5 0 0 0 0 2 3 6

month, and shall set forth as far as the same can be ascertained the date and place of birth, and the name, color, the full name and occupation of its parents, the date and place of their marriage, and the number of children of the mother that have been born alive, and the number now living, the full name and occupation in the form of a certificate between the first and been conferred) its sex, color, the full name and occupation in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 62397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	9th Jan
4. *Place of Birth, (Street and Number)*	1107 Ridgley st
5. *Full Name of Mother,*	Elizabeth Davis
6. *Mother's Maiden Name,*	Elizabeth Kilgour
7. *Mother's Birthplace,*	Philadelphia
8. *Full Name of Father,*	Joseph Davis
9. *Father's Occupation,*	Glass Blower
10. *Father's Birthplace,*	Willmington Del
Name of Medical Attendant, or other person who makes this Return,	Mrs Bangs
Address,	711 W Lexington st
Remarks,	

8 9 5 0 0 0 0 2 3 7

month, and shall set forth as far as the same can be ascertained the names, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 62398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 January 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9 January
4. Place of Birth, (Street and Number) No 1 house Hartford
5. Full Name of Mother, Augusta Isabella
6. Mother's Maiden Name, Augusta Gerbig
7. Mother's Birthplace, New York
8. Full Name of Father, Joseph Isabella
9. Father's Occupation, Contractor
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Nora Range

Address, 711 Broad

Remarks,

8 4 5 U 0 0 0 2 3 8

month, and shall set forth as far as the same can be ascertained the date and place of birth, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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month, and shall set forth as far as the same can be ascertained the name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in case the birth of any child third day of each and every month to the office of the Commissioner of Health. or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other persons of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) one 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 10. 1895
4. Place of Birth, (Street and Number) Baltimore County 13 dc
5. Full Name of Mother, Mary Frances Kidwell
6. Mother's Maiden Name, Mary Frances Fondy
7. Mother's Birthplace, Baltimore city
8. Full Name of Father, James Kidwell
9. Father's Occupation, Laber
10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return. M D Bangl

Address, 711 Cross st

Remarks,

1895 0000239

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RETURN OF A BIRTH. 62400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Louis ~~Sparrenberg~~ Sharrenberg

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	10th of Jan
4. Place of Birth, (Street and Number)	709 Warner St
5. Full Name of Mother,	Susan. A. Sharrenberg
6. Mother's Maiden Name,	Susan. A. Freeburger
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	J. B. Sharrenberg
9. Father's Occupation,	Black Smith
10. Father's Birthplace,	Richmond Va
Name of Medical Attendant, or other person who makes this Return,	Mrs Bange
Address,	711 Huberson St
Remarks,	Name added by Sister 8/12/12 - P
	Catherine L. Sharrenberg Sister

month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 62401 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11 January 1895
4. Place of Birth, (Street and Number) 730 Ramsay St
5. Full Name of Mother, Maggie Schaefer
6. Mother's Maiden Name, Maggie Reid
7. Mother's Birthplace, Germany
8. Full Name of Father, George Schaefer
9. Father's Occupation, Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm H Bange

Address, 711 N. Eutaw

Remarks, 8 4 5 0 0 0 0 2 4 1

month, and shall set forth as far as the same can be ascertained the name, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 62402

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	second
1. *Sex, (state whether male or female)*	Boy.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 11
4. *Place of Birth, (Street and Number)*	1900 W Pratt st.
5. *Full Name of Mother,*	Mary Yeaulonis
6. *Mother's Maiden Name,*	Mary Jackson
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Michael Yeaulonis
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	Ida Pollack M. D.
Address,	1030 W Fulton St
Remarks,	

8 4 5 0 0 0 0 2 4 2

month, and shall set forth as far as the same can be ascertained the full name of each child, the day, month and year of birth, and the place of birth; and the name, color, the full name and occupation of its parents, the date and place of birth; and the been conferred; its sex, said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 62403

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall furnish a list of the births which have occurred during each month, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (State whether male ~~or female~~) David William Barry.
2. Race or color, (~~if not of the white race~~)
3. Date of Birth, Jan 12th 1895
4. Place of Birth, (Street and Number) 2033 Mura St.
5. Full Name of Mother, Bridget Barry
6. Mother's Maiden Name, Bridget Gay
7. Mother's Birthplace, Co Wexford Ireland
8. Full Name of Father, John Barry
9. Father's Occupation, Laborer
10. Father's Birthplace, Co wexford Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs Amelia Fe Cornwell

Address, 916 N Gay St

Remarks, Name altered from Barry to Barrett on baptismal record in Document file 4-15-41 50 00 0243

~~Filed Roll~~

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RETURN OF A BIRTH. 62404

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 12 th 1895
4. *Place of Birth, (Street and Number)*	2043 Federal St
5. *Full Name of Mother,*	Minnie Wising
6. *Mother's Maiden Name,*	Minnie Krell
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Henry Wising
9. *Father's Occupation*	Brewer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Burns
Address,	1600 O. Baster
Remarks,	8 7 5 0 0 0 2 3 4

Health. This schedule shall contain a list of the births which shall occur in each family, and the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 63405

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

A

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 12. 1895
4. Place of Birth, (Street and Number) No. 1011. Little Stavett St
5. Full Name of Mother, Mrs. Tina. Neimaier
6. Mother's Maiden Name, Europe Sorensen
7. Mother's Birthplace, Europe
8. Full Name of Father, John P. Neimaier
9. Father's Occupation, Tinner
10. Father's Birthplace, Baltimore. Md

Name of Medical Attendant, or other person who makes this Return, Mrs Paige

Address, 711 N. Eutaw

Remarks, 1895U0000245

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name and place of birth; and the name, the date and place of its parents, the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the practitioner in the form of a certificate between the first and been conferred, duly signed by the practitioner in the form of a certificate between the first and Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such physician or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This Section and Schedule shall be filled out as far as the same can be ascertained the full name of each child, if the same has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	third
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Jan 12, 1895
4. *Place of Birth, (Street and Number)*	1925 Eastern ave
5. *Full Name of Mother,*	Lydia M Pierce
6. *Mother's Maiden Name,*	Lydia M Horney
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Richard H. Pierce
9. *Father's Occupation*	
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Adolph C Eisenberg M.D.
Address,	N. E. Cor Bank and Wolfe sts
Remarks,	

8 9 5 0 0 0 0 2 4 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 Th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 13 Th 1895
4. *Place of Birth, (Street and Number)*	1415 N. Chester St
5. *Full Name of Mother,*	Mary B. Brown
6. *Mother's Maiden Name,*	Mary B. Steinbarger
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles H. Brown
9. *Father's Occupation*	Grocer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Brown
Address,	1600 N. Chester
Remarks,	8 9 5 0 0 0 0 2 4 7 Balto

Health. This Schedule must be filled out as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62408

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th living

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 13. 1895
4. Place of Birth, (Street and Number) 28 St. ~~Bayne~~ Remington Balt. city
5. Full Name of Mother, Sarah J Jones Martin
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Elzie. Jones
9. Father's Occupation Ice driver
10. Father's Birthplace, Baltimore county Md

Name of Medical Attendant, or other person who makes this Return, Mary a Martin

Address, X 2304 Ceder avenue

Remarks, 1895U000248

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62409

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 13 / 95
4. *Place of Birth, (Street and Number)*	# 19 S Exeter Street Balto Md
5. *Full Name of Mother,*	Ida Shachet
6. *Mother's Maiden Name,*	Ida Eisenberg
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Samuel Shachet
9. *Father's Occupation*	Preacher
10. *Father's Birthplace,*	Courland
Name of Medical Attendant, or other person who makes this Return,	Mrs Lena Barber
Address,	# 41 E. York Street.
Remarks,	

8 7 5 0 0 0 0 2 4 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 6 2 411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Kind
1. *Sex, (state whether male or female)*	Knabe
2. *Race or Color, (if not of the white race)*	White race
3. *Date of Birth,*	19 Januar 1895
4. *Place of Birth, (Street and Number)*	24 No. Exeter st
5. *Full Name of Mother,*	Dore Satisky
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Europa
8. *Full Name of Father,*	Louis Satisky
9. *Father's Occupation,*	Pedler
10. *Father's Birthplace,*	Europa
Name of Medical Attendant, or other person who makes this Return.	Lina Handler
Address,	1113 E. Pratt st
Remarks,	

8 7 5 0 0 0 0 2 5 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 62411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 13, '95.
4. Place of Birth, (Street and Number) 527 Walnut Alley
5. Full Name of Mother, Katherine Rich
6. Mother's Maiden Name, Katherine Johnson
7. Mother's Birthplace, Richmond, Va
8. Full Name of Father, Thomas Rich
9. Father's Occupation Hod carrier
10. Father's Birthplace, West Point Va

Name of Medical Attendant, or other person who makes this Return, Ida Collack M.D.

Address, 1030 N Collon St.

Remarks,

1 8 9 5 0 0 0 0 2 5 1

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The full name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63412

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 13 1895
4. *Place of Birth, (Street and Number)* Cor Stafford St & Lombard Ave
5. *Full Name of Mother,* Barbara Kay
6. *Mother's Maiden Name,* Barbara Winkler
7. *Mother's Birthplace,* Bischbach Germany
8. *Full Name of Father,* Jacob Kay
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Forbourg Germany

Name of Medical Attendant, or other person who makes this Return, Wm Lamack Dr

Address, #284 Eutaw Ave

Remarks,

8 4 5 U 0 0 0 0 2 5 2

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the attendance upon the mother, immediately thereafter, in the manner and within the period above required, and shall occur without the attendance of a physician or practicioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child

RETURN OF A BIRTH.

62413

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 14th 1895
4. Place of Birth (Street and Number)	1419 E Madison st
5. Full Name of Mother	Mamie Stein
6. Mother's Maiden Name	Mamie Ireland
7. Mother's Birthplace	Talbot Co, Md.
8. Full Name of Father	John Stein
9. Father's Occupation	Agent
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Chas. B. Light MD
Address	920 N Howard
Remarks	

8 9 5 U 0 0 0 2 5 3

RETURN OF A BIRTH. 6s 414

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: ~~Richard Thomas~~ Eisenberg

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 14th 1895
4. Place of Birth, (Street and Number) S W Cor Gay and Frederick
5. Full Name of Mother, Annie Eisenberg
6. Mother's Maiden Name, Annie Jaworek
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Albert H Eisenberg
9. Father's Occupation Clerk
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Adolph C Eisenberg A.B. M.D.

Address, 403 N. Bond St

Remarks,

8 7 5 0 0 0 0 2 5 4

month, and shall set forth the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-28-59

62415

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Ludwig Nebel

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 15 - 95
4. Place of Birth, (Street and Number) 814 S. Pitt St
5. Full Name of Mother, Martha Elizabeth Nebel
6. Mother's Maiden Name, Martha Elizabeth Ludwig
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph Athanasius Nebel
9. Father's Occupation, Trunkmaker
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, H. W. Runge M.D.

Address, 711 W. Lexington

Remarks, 8950000255

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 15 Jan 1895

4. Place of Birth, (Street and Number) 9 N. Montford Ave.

5. Full Name of Mother, Mamie L. Schnaeler

6. Mother's Maiden Name, Taylor

7. Mother's Birthplace, St Mary's Co. Md.

8. Full Name of Father, Adam Schnaeler

9. Father's Occupation Clerk

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, E. L. Irons

Address, 1835 E. Baltimore St.

Remarks,

8750000256

month, and shall set forth as far as the same can be ascertained the full name, the date and place of birth, and the full name and occupation of its parents, the date and place of their first and been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

W. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH 62417

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a statement of the facts which can be ascertained the full name of each child, if any, and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and been conferred) its sex, color, the full name and occupation in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Jan. 15th 1895
4. *Place of Birth, (Street and Number)*	642 Brunnilton
5. *Full Name of Mother,*	Florence Smith
6. *Mother's Maiden Name,*	" Crawford
7. *Mother's Birthplace,*	Balto. Co.
8. *Full Name of Father,*	Geo. L. Smith.
9. *Father's Occupation,*	Bellman
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Wm. T. Carr, Jr. M.D.
Address,	1162 Argyle Ave.
Remarks,	

8 9 5 U 0 0 0 2 5 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 62418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 15th 1895
4. *Place of Birth, (Street and Number)* 102 S Robinson St
5. *Full Name of Mother,* Maggie L Rodman.
6. *Mother's Maiden Name,* " " Reed
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Oscar Rodman.
9. *Father's Occupation* Bookbinder
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Surgeon Hunter

Address, 231 Lapsrelton St

Remarks,

8 7 5 0 0 0 0 2 5 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62419

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female).* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 12th 1895
4. *Place of Birth, (Street and Number)* 110 Diamond St.
5. *Full Name of Mother,* Laura Howdon
6. *Mother's Maiden Name,* Laura Howdon
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Edward Howdon
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* North Carolina

Name of Medical Attendant, or other person who makes this Return, Hester Catana

Address, 502 N. Fulton St

Remarks,

8 4 5 0 0 0 0 2 5 9

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no one in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 62420

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 16th 93
4. Place of Birth, (Street and Number) Johns Hopkins Hospital
5. Full Name of Mother, Mrs Margaret Voelker
6. Mother's Maiden Name, Margaret Deltz
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Voelker
9. Father's Occupation Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin

Address, Johns Hopkins Hospital

Remarks,

8950000260

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62421

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 January
4. Place of Birth, (Street and Number) 72 Fort St
5. Full Name of Mother, Lizzie Manley
6. Mother's Maiden Name, Brookhart
7. Mother's Birthplace, Balto
8. Full Name of Father, William Manley
9. Father's Occupation, Can maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 Gough st

Remarks,

B 7 5 U 0 0 0 0 2 6 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62422

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored Race
3. Date of Birth, 16 of Jan 1895
4. Place of Birth, (Street and Number) 1517 Mulberry St Baltimore
5. Full Name of Mother, Emma Burley
6. Mother's Maiden Name, Emma Taylor
7. Mother's Birthplace, Kent Co Md
8. Full Name of Father, William R Burley
9. Father's Occupation Driver
10. Father's Birthplace, Essex Co England

Name of Medical Attendant, or other person who makes this Return, Adelaner Brooks

Address, 1751 Mulberry St Balto.

Remarks, no Remarks

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8 9 5 0 0 0 0 2 6 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth occurring in the city of Baltimore shall be registered, and the parent, householder, manager or superintendent of every lying-in asylum, or other institution, and the midwife, physician or other person present at the birth, shall report to the Commissioner of Health the name, sex, color, the full name and occupation of its parents, the date and place of birth; and the name conferred; its

RETURN OF A BIRTH. 62423

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January the 16 1895
4. Place of Birth, (Street and Number) Welcome alley 1414
5. Full Name of Mother, Rurey Parmer
6. Mother's Maiden Name, Rurey Robirson
7. Mother's Birthplace, Richmond Virginia
8. Full Name of Father, William Parmer
9. Father's Occupation Laborer
10. Father's Birthplace, Washington

Name of Medical Attendant, or other person who makes this Return, Grassat Jane Wilson

Address, 124 west Hurey st

Remarks, full 9 months

A

0 7 5 0 0 0 0 2 6 3

month, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth; and the name conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such shall occur without the attendance of a physician or practioner of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 16th 95
4. *Place of Birth, (Street and Number)* 1625 Bolton St
5. *Full Name of Mother,* Anna Mary
6. *Mother's Maiden Name,* Lange
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fred A Rose
9. *Father's Occupation* Brewer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L Frey

Address, 1625 E Monument St

Remarks,

8950000264

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62425

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, January 11th 1925.
4. Place of Birth, (Street and Number) McAlester court.
5. Full Name of Mother, Lottie Brown.
6. Mother's Maiden Name, Lottie Brown.
7. Mother's Birthplace, Cambridge.
8. Full Name of Father, Geoge Brown.
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Cordelia Howard.

Address, 1213 E. Chapple-st.

Remarks, 8 7 5 U 0 0 0 2 6 5

A

The ... shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63421

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 the

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 of January
4. *Place of Birth, (Street and Number)* 605 Gannon St.
5. *Full Name of Mother,* Anna Kling
6. *Mother's Maiden Name,* = Schuerts
7. *Mother's Birthplace,* Bavaria
8. *Full Name of Father,* Peter Kling
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Hessen (Germ)

Name of Medical Attendant, or other person who makes this Return, Mrs E. Weiss.

Address, 2100 Canton Ave.

Remarks,

8 7 5 0 0 0 0 2 6 6 A

month, and shall set forth in the certificate the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62427

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12 of January
4. Place of Birth, (Street and Number) N. W. corner of Collington
5. Full Name of Mother, Emma Bostowitz (and Canton Ave.)
6. Mother's Maiden Name, = Pliehst
7. Mother's Birthplace, Marienwerder (Penssien)
8. Full Name of Father, Franz Bostowitz
9. Father's Occupation Plumber
10. Father's Birthplace, Marienwerder (Penssien)

Name of Medical Attendant, or other person who makes this Return, Mrs E. Weiss.

Address, 2122 Canton Ave.

Remarks, 3/4 Infant.

8750000267

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 7-8-59

RETURN OF A BIRTH. 62428

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elizabeth Ursula ——— Tennant

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 17 1895
4. Place of Birth, (Street and Number) 417 Cromwell Street
5. Full Name of Mother, Kate Tennant
6. Mother's Maiden Name, Kate Wortman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert Loftus Tennant
9. Father's Occupation Agent
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin

Address, Johns Hopkins Hospital

Remarks,

8 7 5 0 0 0 0 2 6 8

been committed, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62429

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 the
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 17 the 1895
4. *Place of Birth, (Street and Number)*	1510 E. Washington
5. *Full Name of Mother,*	Mary A. Streckfus
6. *Mother's Maiden Name,*	Mary A. Keyhan
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Leonard J. Streckfus
9. *Father's Occupation*	Brick-Maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Binns
Address,	16 mo E. Chester St
Remarks,	8950000269 Baltimore

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the name conferred) its sex, color, the full name and occupation in the form of a certificate between the first and been conferred, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 3. d.

1. *Sex, (state whether male or female).* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* The 17 of January 18 95
4. *Place of Birth, (Street and Number)* No 821 Keighler
5. *Full Name of Mother,* Lillie Bruce
6. *Mother's Maiden Name,* Lillie Brush
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Bruce
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Lee. Lauer

Address, No 1059 Harford Ave

Remarks, Bal. Md

8 9 5 U 0 0 / 0 8 2 7 5 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Been collected, its sex, color, the surname and the occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62431

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 18th
4. *Place of Birth, (Street and Number)* 634 Hamburg St
5. *Full Name of Mother,* Hadie Herd
6. *Mother's Maiden Name,* Hadie Dropo
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Chas A Herd
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Neely Ouda Blyke

Address, 634 S Hamburg St

Remarks, 8 lb 5 oz 0.0 27 als

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62432

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Friday Jan 18 / 95
4. *Place of Birth, (Street and Number)*	76 S Carrollton Ave
5. *Full Name of Mother,*	Annie Theresa Reaney
6. *Mother's Maiden Name,*	" " Kinsella
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Robert Burns Reaney
9. *Father's Occupation*	Painter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Susan Hunter
Address,	23 N Appleton St
Remarks,	

8950000272

Wm. J. C. Dulany Co., City Printers and Stationers.

...een concerned), its sex, Color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62433

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18 Jan
4. Place of Birth, (Street and Number) 845 Kenhadi st
5. Full Name of Mother, Nate Stikel
6. Mother's Maiden Name, Nate Beaver
7. Mother's Birthplace, Balt
8. Full Name of Father, Andrew Stikel
9. Father's Occupation, Driver
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 N. Eutaw st

Remarks,

8950000273

been conferred. Its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jany 18th 1895
4. Place of Birth, (Street and Number) 652 Saratoga
5. Full Name of Mother, Rosa Gens
6. Mother's Maiden Name, Rosa Kress
7. Mother's Birthplace, Germany
8. Full Name of Father, Elmer E. Gens
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. J. R. Uhler M.D.

Address, 661 W. Fayette St.

Remarks,

8 9 5 0 0 0 0 2 7 4

been completed, its sex, color, the full name and residence of the parents, and the date of birth, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

[redacted] 1-3-55

RETURN OF A BIRTH. 62435

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Matilda Elizabeth ~~Taylor~~

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Friday January 18th for 1895
4. Place of Birth, (Street and Number) 425 West Stockholm st
5. Full Name of Mother, Amelia Taylor
6. Mother's Maiden Name, Amelia Kazleske
7. Mother's Birthplace, Germany
8. Full Name of Father, William Taylor
9. Father's Occupation, Marble worker
10. Father's Birthplace, Calvert County

Name of Medical Attendant, or other person who makes this Return, Dr Barge

Address, 711 North Gilmor st

Remarks,

8 9 5 U 0 0 0 2 7 5

been committed to the jail of the county in which the birth occurred, and shall be liable to indictment therefor. Every birth occurring in this State shall be registered in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62436

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2)

1. Sex, (state whether male or female) Mail
2. Race or Color, (if not of the white race) Wite
3. Date of Birth, Jan 18 - 95
4. Place of Birth, (Street and Number) 1522 Holbrook St Baltimore -
5. Full Name of Mother, Martha A. Zimmerman -
6. Mother's Maiden Name, Martha A. Koller -
7. Mother's Birthplace, York Co. Pa -
8. Full Name of Father, Marshall H Zimmerman -
9. Father's Occupation car inspector -
10. Father's Birthplace, Frederick co M D.

Name of Medical Attendant, or other person who makes this Return, Mrs Fester

Address, 1602 E Lanvale St

Remarks,

8 7 5 U 0 0 0 2 7 6

been conferred) its sex, color, the full name and occupation of its parents, the number of children between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 62407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	18 Jan. 1895
4. *Place of Birth, (Street and Number)*	1908 Register St.
5. *Full Name of Mother,*	Elisabeth Micker
6. *Mother's Maiden Name,*	Elisabeth Brand
7. *Mother's Birthplace,*	Germann.
8. *Full Name of Father,*	Georg Micker
9. *Father's Occupation,*	~~Germen~~ Peamber
10. *Father's Birthplace,*	Germeny.
Name of Medical Attendant, or other person who makes this Return,	Mary Elia.
Address,	1625 Hopkins Pl.
Remarks,	1630

8 4 5 U 0 0 0 0 2 7 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62438

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 18 Jan 1895

4. Place of Birth, (Street and Number) 1819 E Madison st

5. Full Name of Mother, Rosa Bailey

6. Mother's Maiden Name, " Cherry

7. Mother's Birthplace, Portsmouth Va

8. Full Name of Father, Benjamin Bailey

9. Father's Occupation Printer

10. Father's Birthplace, Greenville Sc

Name of Medical Attendant, or other person who makes this Return, Ann Julia Greene

Address, 944 N Gay st

Remarks, 8 9 5 U 0 0 0 2 7 8

The name and occupation of its parents, the date and place of birth; and the full name and occupation of the practitioner in the form of a certificate between the first and sex, color, the birth of any child in case the person be in Health. In case no other person or parents of such delivered, duly signed by the Commissioner of midwifery, or should be required, and to the office of the practioner of the period above required, and physician or practioner it shall become the duty of this section shall be sub- month to the manner and within the provisions of this section are recoverable. of each and every immediately thereafter, in the with the fines and forfeitures as other offence, to be recovered as other fines and forfeitures. mother, Commissioner of Health, in the manner fail to comply with the mother, Commissioner hereafter fail to comply with the who shall hereafter for each offence, to be recovered as other fines and forfeitures. dollars for each offence, to be recovered as other fines and forfeitures. ten (10) dollars for each offence, to be recovered as other fines and forfeitures. jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 12-1-49 CERTIFICATE CORRECTED 12-1-49

RETURN OF A BIRTH. 62437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Edith Bessie Doyle

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9th January 1895
4. *Place of Birth, (Street and Number)* 418 Eutaw St
5. *Full Name of Mother,* ~~Ida~~ ~~Doyle~~ Ida Doyle
6. *Mother's Maiden Name,* Ida ~~Doyle~~ Mayer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John ~~Doyle~~ Doyle
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Jno. Lurbe

Address, 1012 Durham St

Remarks,

1 8 9 5 U 0 0 0 2 7 9

month, and shall set forth as far as the same can be ascertained the full name of the child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 1-19-60

RETURN OF A BIRTH. 62440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Edwin Kramer

No. of Child of Mother, (state whether 1st, 2d, ~~3d~~, &c.) .....

1. Sex, (state whether male or ~~female~~) .....
2. Race or Color, (if not of the white race) .....
3. Date of Birth, Jan 19-1895
4. Place of Birth, (Street and Number) S.W. Cor Eutaw + Fayette St
5. Full Name of Mother, Amelia Kramer
6. Mother's Maiden Name, " Asmussen
7. Mother's Birthplace, Balt - Baltimore
8. Full Name of Father, George Kramer
9. Father's Occupation Saloon-Keeper
10. Father's Birthplace, Philadelphia Pa

Name of Medical Attendant, ~~or other person who makes this Return,~~ Geo F. Taylor M.D.

Address, 1254 N. Broadway

Remarks. .....

1895 0 0 0 0 2 8 0

been conferred) its sex, color, the full name and occupation of its parents, the place of birth, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 9-5-56

RETURN OF A BIRTH. 62441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Rose Virginia Joyce

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 19th 1895
4. Place of Birth, (Street and Number) 1617 Race St
5. Full Name of Mother, Elva Joyce
6. Mother's Maiden Name, Elva Dehenault
7. Mother's Birthplace, France
8. Full Name of Father, Franklin Pierce Joyce
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Barge

Address, 711 N. Broad St

Remarks,

8950000281

been conferred upon the mother, immediately thereafter it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 12442

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Negro

3. *Date of Birth,* Jan 21 1915

4. *Place of Birth, (Street and Number)* 1715 Rose St.

5. *Full Name of Mother,* Laura Lorraine

6. *Mother's Maiden Name,* Laura Lorraine

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Lorraine

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mary L Lorraine

Address, 824 Carton St.

Remarks,

8950000282

been conferred upon the color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62443.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 of January
4. Place of Birth, (Street and Number) 2442 Canton Ave.
5. Full Name of Mother, Mary Possinger
6. Mother's Maiden Name, = Walter
7. Mother's Birthplace, Balto Co.
8. Full Name of Father, Fred Possinger
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm E Weiss.

Address, 2422 Canton Ave.

Remarks,

8 4 5 0 0 0 0 2 8 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62444

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Name Harry Otho Liggett

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 20th 95
4. Place of Birth, (Street and Number) 1025 Hollins ave
5. Full Name of Mother, Mrs. Pamilla L. Liggett
6. Mother's Maiden Name, " " Gibson
7. Mother's Birthplace, City
8. Full Name of Father, Arthur L. Liggett
9. Father's Occupation, Clerk
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, J. T. Bill M.D.

Address, 1017 Eutaw

Remarks,

8950000284

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62445

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William B. Gay

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 & twin
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	2 Jan 1895
4. *Place of Birth, (Street and Number)*	1378 Hanover st
5. *Full Name of Mother,*	Anna Madeline Maurer
6. *Mother's Maiden Name,*	" " Goldsmith
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	William H. Maurer
9. *Father's Occupation*	Lieutenant
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs C A Brooks
Address,	1328 Light st
Remarks,	Corner Well

8 7 5 U 0 0 0 0 2 8 5

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62446

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Light brown
3. Date of Birth, Jan. 20th 95
4. Place of Birth, (Street and Number) 544 Orchard st. Balto.
5. Full Name of Mother, Lucinda Robinson
6. Mother's Maiden Name, Lucinda Lassey
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Robinson
9. Father's Occupation Ship Waiter
10. Father's Birthplace, Philadelphia Penn.

Name of Medical Attendant, or other person who makes this Return, Mrs Liddie Somerville

Address, 616 Clinton Ave.

Remarks,

8950000286

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62447

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, 533 Oakford st Balto
4. Place of Birth, (Street and Number) Jan 20th 95
5. Full Name of Mother, Harriet Adams
6. Mother's Maiden Name, Harriet Smith
7. Mother's Birthplace, Near Easton Talbot Co Md
8. Full Name of Father, Joseph Adams
9. Father's Occupation, Waiter
10. Father's Birthplace, Caroline Co Md

Name of Medical Attendant, or other person who makes this Return, Jno Wyatt Hamilton

Address, 1365 Baltimore st

Remarks,

8 9 5 0 0 0 0 2 8 7

been conferred on sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62448

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 20th. 1905
4. Place of Birth, (Street and Number) No. 216 N. Caroline St.
5. Full Name of Mother, Elenora Fisher
6. Mother's Maiden Name, Tebelmann
7. Mother's Birthplace, Germany
8. Full Name of Father, Martin L. Fisher
9. Father's Occupation Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs L. Grass.

Address, No. 1907 E. Monument St.

Remarks.

8 4 5 0 0 0 0 2 8 8

been completed) its sex, color, the full name and occupation of its parents, the date and place of birth, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 5th-

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 20-1895
4. *Place of Birth, (Street and Number)* 732 N. Gay St-
5. *Full Name of Mother,* Mary Winter
6. *Mother's Maiden Name,* " Melis
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles W. Winter
9. *Father's Occupation* Merchant Tailor
10. *Father's Birthplace,* ~~Germany~~ Germany

Name of Medical Attendant, or other ~~person~~ who makes this Return, Geo. F. Taylor M.D.

Address, 1254 N Broadway

Remarks,

8 7 5 U 0 0 0 2 8 9

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said scheme be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62450

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 20th 1895
4. Place of Birth, (Street and Number) 1429 Granada St
5. Full Name of Mother, Mary Lacrentz
6. Mother's Maiden Name, Rosenberg
7. Mother's Birthplace, Russia
8. Full Name of Father, Jacob Lacrentz
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. V. Hylaman

Address, 1429 E. Lombard St.

Remarks, 8950000290

Wm. J. C. Dulany Co., City Printers and Stationers.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 62457

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 20th 1895
4. *Place of Birth (Street and Number)* 1923 Mt. Royal Ave
5. *Full Name of Mother* Delia McGee Corbett
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Michael J. Corbett
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. J. D. Pfeltarth

Address 1214 Linwood Ave

Remarks

8450000291

RETURN OF A BIRTH. 62452

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

I

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Black.

3. Date of Birth, January 20th 1900.

4. Place of Birth, (Street and Number) Free Lying-in Hospital 622 W Lombard St.

5. Full Name of Mother, Lucy Hill.

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Henry B. Arthur M.D. 622 W. Lombard St.

Address,

Remarks,

6 7 5 0 0 0 0 2 9 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62453

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 20/45
4. *Place of Birth, (Street and Number)*	Free Lying-in Hospital-622 W Lombard St.
5. *Full Name of Mother,*	Mary Russell.
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	Harry A. Arthur M.D.
Address,	622 W Lombard St
Remarks,	

B 7 5 U 0 0 0 2 9 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Note.—Each birth shall be registered within ten days after the same occurs, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 1-8-59

RETURN OF A BIRTH. 62454

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. ~~Floyd~~ James Raymond 3 lb

Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 21 st 1895
4. Place of Birth, (Street and Number) 1641 Clarkson
5. Full Name of Mother, Rose Floyd
6. Mother's Maiden Name, Rose Luefsteiner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William H. Floyd
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catharine Hannum

Address, 1317 Byrd St

Remarks, 8950000294

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 2-4-53

62455

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William H. Montgomery

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 & child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 Jan 1895
4. Place of Birth, (Street and Number) 1260 Baltimore ave
5. Full Name of Mother, Elizabeth Montgomery ~~Montgomery~~
6. Mother's Maiden Name, " " Cormines
7. Mother's Birthplace, Balto
8. Full Name of Father, William Montgomery
9. Father's Occupation Stationery & Engineer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs E A Brooks

Address, 1828 Lydia ave

Remarks, Colored Well

0 7 5 U 0 0 0 2 9 5

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62456

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6"

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 21/95
4. Place of Birth, (Street and Number) 1718 Gough St. Bald. Md.
5. Full Name of Mother, Anna Herlit
6. Mother's Maiden Name, Anna Bach
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jno. Herlit
9. Father's Occupation Brick Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, R. W. Mansfield M.D.

Address, 129 E. Broadway

Remarks,

8 7 5 0 0 0 0 2 9 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife, physician or practitioner in attendance upon a birth shall ascertain the sex, color, the full name and occupation of its parents, the date and place of birth, and the name (if any has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21 st January 1895
4. Place of Birth, (Street and Number) 1934 Aisquith St.
5. Full Name of Mother, Annie Baetzhold
6. Mother's Maiden Name, Annie Baetzhold
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Baetzhold
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Louise Lautorp

Address, 1010 Durham st

Remarks,

0 7 5 U 0 0 0 2 9 7

Wm. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 61438

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, 21. January
4. Place of Birth, (Street and Number) 1-6 Philadelphia Road
5. Full Name of Mother, Emma Theis
6. Mother's Maiden Name, Emma Harr
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Philip Theis
9. Father's Occupation Botscher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Klaas

Address, 1933. Fairmount. Ave.

Remarks,

8750000298

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth which shall hereafter occur within the limits of Baltimore City shall be reported to the Commissioner of Health, within ten days after the same shall have occurred, by the physician or midwife in attendance upon the mother, and in case there shall be no physician or midwife in attendance, then by the father of the child, or the mother, or the householder, or the manager of the institution where the birth occurred, or the undertaker who shall have been employed to bury the child, or the person who shall have been employed to bury the child, or the person who shall have been employed to bury the child, or the person

RETURN OF A BIRTH. 62459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 21 1895
4. *Place of Birth, (Street and Number)*	2301 Eutaw Place
5. *Full Name of Mother,*	Rose J. Blair
6. *Mother's Maiden Name,*	Rose J Doran
7. *Mother's Birthplace,*	Baltimore Co
8. *Full Name of Father,*	Joseph J Blair
9. *Father's Occupation*	Gardener
10. *Father's Birthplace,*	Baltimore city
Name of Medical Attendant, or other person who makes this Return,	Susan Hunter
Address,	23 N Pennsylvania Ave
Remarks,	

8950000299

said schedule shall be delivered, duly signed, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62460

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21 of January
4. Place of Birth, (Street and Number) 856 Reinhart St
5. Full Name of Mother, Alice Troeger
6. Mother's Maiden Name, Alice Bauer
7. Mother's Birthplace, Laurel Prince George Co
8. Full Name of Father, Fred J Troeger
9. Father's Occupation, Glass Blower
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs Barry

Address, 711 W. Crown

Remarks,

8 7 5 0 0 0 0 3 0 0

been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62461

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Geboren January 21. / 99.
4. Place of Birth, (Street and Number) Lutherpaad. Geretsmo. Nr 1322.
5. Full Name of Mother, Mary Skorowska.
6. Mother's Maiden Name, Son. Dębinski.
7. Mother's Birthplace, Poland.
8. Full Name of Father, Xčio Dębinski.
9. Father's Occupation, Poland.
10. Father's Birthplace, Rosland.

Name of Medical Attendant, or other person who makes this Return, Agnes Hololna

Address, Thames str. Nr 1635

Remarks, 2o yut.

8 9 5 0 0 0 0 3 0 1

Every birth occurring after the first day of January, 1898, shall be reported, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62462

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female). female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 22 Jan 1895
4. Place of Birth, (Street and Number) 902 Clay St
5. Full Name of Mother, Laura Findley
6. Mother's Maiden Name, Laura Potter
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John A Findley
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm Hunter

Address, 23 Washington Sq

Remarks,

6750000302

Wm. J. C. Dulany Co., City Printers and Stationers.

62463

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 528 St. Thomas

4. *Place of Birth, (Street and Number)* Jan. 22 / 95

5. *Full Name of Mother,* Matilda Lindenberg Ulrich

6. *Mother's Maiden Name,* "

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* Louis L. Lindenberg

9. *Father's Occupation,* Tinner

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return. G. L. Buddenbohn

Address, 418 S. Paca St.

Remarks,

B 9 5 U 0 0 0 8 3 0 3

list of the births which have occurred under his or her observation since the last preceding return was rendered, the full name and occupation of its parents, the date and place of birth, and the sex, color, (if any shall have been conferred,) its sex, color, the full name and occupation of its ascertained the full name of each child (if any shall have been conferred,) duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner it shall become the duty of the person or parents of such child, to be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 62464

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 C Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22 Jan 1895

4. Place of Birth, (Street and Number) 1202 W Main St

5. Full Name of Mother, Anna Wolter

6. Mother's Maiden Name, Bell

7. Mother's Birthplace, Germany

8. Full Name of Father, Fred Wolter

9. Father's Occupation Baker

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs E F Barnett

Address, 1202 West Main St

Remarks, City Well

8950000304

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62465

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) (8) Eight

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 22nd
4. Place of Birth, (Street and Number) 1924 S Paca St
5. Full Name of Mother, Sarah Ellen Meuskar
6. Mother's Maiden Name, " " Hill
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Clarence Jackson Meuskar
9. Father's Occupation, Produce Dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 W Cross

Remarks,

6 9 5 U 0 0 0 3 0 5

been considered its sex, color, the full name and occupation of the parents, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62466

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, 22 January
4. Place of Birth, (Street and Number) 1108 Moor Alley
5. Full Name of Mother, Hilliard Sarh Wooden
6. Mother's Maiden Name, Allas Sarh Chatten
7. Mother's Birthplace, Anundrel county
8. Full Name of Father, Jon Septen
9. Father's Occupation, Lanbermann
10. Father's Birthplace, Calvert county

Name of Medical Attendant, or other person who makes this Return, Ranchel Septen

Address,

Remarks,

8 y 5 U 0 0 0 3 0 6

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

month, shall set forth as far as the parents can be ascertained the date and place of birth; and the name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable any such person or persons who shall hereafter fail

RETURN OF A BIRTH. 62467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* June 2nd 1896

4. *Place of Birth, (Street and Number)* 1929 Druid Hill Ave

5. *Full Name of Mother,* Agnes Brooks

6. *Mother's Maiden Name,* Owens

7. *Mother's Birthplace,* Maryland

8. *Full Name of Father,* George Brooks

9. *Father's Occupation* Painter

10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Jesse P. Lemmon M.D.

Address, 924 Druid Hill Ave

Remarks,

8950000307

been con... its sex, color, the full name and occupation of its parents, the date and place of birth, and the said sche... e shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day... of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62468

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23th. Of January.
4. Place of Birth, (Street and Number) Baltimore 203. S. Eutaw Stuet
5. Full Name of Mother, Annie Catharine Barett.
6. Mother's Maiden Name, Annie Catharine Lins.
7. Mother's Birthplace, Baltimore Maryland.
8. Full Name of Father, Titus Barett
9. Father's Occupation, Fish Dealer.
10. Father's Birthplace, Baltimore Maryland.

Name of Medical Attendant, or other person who makes this Return, Mrs Bange.

Address, 711 Cross Stuet.

Remarks,

8 9 5 0 0 0 0 3 0 8

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 62469

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W

3. Date of Birth, January 23d 95

4. Place of Birth, (Street and Number) 1521 N Caroline St

5. Full Name of Mother, Laura A Eitel

6. Mother's Maiden Name, Conner

7. Mother's Birthplace, Frederick Md

8. Full Name of Father, Gustav A Eitel

9. Father's Occupation, Mfg. Guts Neck work

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this return. R G Davis md

Address, 1507 N Caroline St

Remarks,

8 4 5 0 0 0 0 3 0 9

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...shall be ascertained the full name of each child, if any shall have ...far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the ...all set forth as far as the full name and occupation of its parents, the date and place of birth; and the month, and (if conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and been conferred, duly signed by the practitioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the Commissioner of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of midwifery, of the person or parents of such shall occur without the attendance of a physician or practitioner of the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of this section shall be sub- child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62470

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white.
3. Date of Birth, Twenty third of January.
4. Place of Birth, (Street and Number) 422. Camden St. Baltimore Md
5. Full Name of Mother, Mrs Cornelia Leonlardt.
6. Mother's Maiden Name, Miss Cornelia Glodel.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Mr John Leonlardt.
9. Father's Occupation, Porter
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 N. Caroline

Remarks,

1895 0000310

been conferred) its sex, color, the full name and occupation of its parents, the time and place of birth, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62471

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2nd, 3rd, &c.~~) 1st

1. Sex, (~~state whether~~ male ~~or female~~) male

2. Race or Color, (~~if not~~ of the ~~white~~ race) Colored

3. Date of Birth, Jan 23rd 1895

4. Place of Birth, (Street and Number) 209 1/2 Stirk Avenue

5. Full Name of Mother, Eliza J Mottu

6. Mother's Maiden Name, Peted

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Geo Robert Smith

9. Father's Occupation Waiter

10. Father's Birthplace, Baltimore Co

Name of Medical Attendant, or other person who makes this Return, Elias G Price M.D.

Address, 953 Madison ave

Remarks, 8 y 5 0 0 0 0 3 1 1

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the child to report its birth to the Commissioner of Health. In case the birth of any child any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Midwifery, or of the person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and shall occur without the attendance of a physician or practioner it shall become the duty of the

Given name added 2-1-49

RETURN OF A BIRTH. 62472

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary M. ~~Baer~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, January 23th.
4. Place of Birth, (Street and Number) 1621 Patapsco Ave
5. Full Name of Mother, Charlotte Baer
6. Mother's Maiden Name, Spanial
7. Mother's Birthplace, Germany
8. Full Name of Father, William J. Baer
9. Father's Occupation Glass Worker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Katie Münch

Address, 800 Leadenhall Street.

Remarks,

8950000312

been conferred, its sex, color, the full name and occupation of its parents, the time and place of birth, and the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62473

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 22nd, 1896
4. Place of Birth, (Street and Number) 233 E. Hughes Av.
5. Full Name of Mother, Anna Mannion Haley
6. Mother's Maiden Name, Anna Mannion
7. Mother's Birthplace, County-Galway, Ireland
8. Full Name of Father, Patrick Haley,
9. Father's Occupation Carter
10. Father's Birthplace, County-Roscommon, Ireland

Name of Medical Attendant, or other person who makes this Return, Katie Münch

Address, 800 Leadenhall Street.

Remarks,

8750000313

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62474

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)

1. Sex, (state whether male or ~~female~~)
2. Race ~~or Color~~, (if not of the white race)
3. Date of Birth, 28 January
4. Place of Birth, (Street and Number) 149 Aisquith St
5. Full Name of Mother, Carrie Gutas.
6. Mother's Maiden Name, Klaman
7. Mother's Birthplace, Germany
8. Full Name of Father, John Gutas
9. Father's Occupation, Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Katie Minch

Address, 800 Leadenhall Street

Remarks,

0950000314

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2-13-57 62475

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Charles Edward Brandt 1 st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 24 - 95
4. Place of Birth, (Street and Number) 709 Columbia Ave.
5. Full Name of Mother, Hale Brandt
6. Mother's Maiden Name, Crane
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles L. Brandt
9. Father's Occupation, Tinner
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. G. L. Boddenhorn

Address, 418 S. Paca St.

Remarks,

8 4 5 0 0 0 0 3 1 5

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This shall be done as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or parents of such person be in attendance upon the mother immediately thereafter it shall become the duty of the person required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 62476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W
3. Date of Birth, Dec. 21, 95
4. Place of Birth, (Street and Number) 6 S. Chester St.
5. Full Name of Mother, Mrs. Mary Louise Gerkin Thompson
6. Mother's Maiden Name, Pipes Gerkin
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, James Charles Thompson
9. Father's Occupation Oyster Packer
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, C. C. Lewis Curtis

Address, 2000 E. Lexington St.

Remarks, Entered Nursery

8 4 5 0 0 0 0 3 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

...sex, color, the full name and occupation of its parents, the date and place of birth, and the ...been conferred ...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule ...shall become a physician or practioner of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 6247

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 24 January
4. Place of Birth, (Street and Number) Hull st 1320
5. Full Name of Mother, Margaretha Bohn
6. Mother's Maiden Name, Stuber
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Bohn
9. Father's Occupation Saloon keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, L. Kauffman Mason.

Address, Hull st 1331 L. Point

Remarks,

8950000317

been conferred upon ... color, the full name and occupation of its parents, the date ... and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 24 1894.
4. Place of Birth, (Street and Number) 1611 Hollins St.
5. Full Name of Mother, Hallie Brown.
6. Mother's Maiden Name, Hallie Duff.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Brown.
9. Father's Occupation Policeman.
10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return, Dr. A. Atwell Md.

Address, 1241 Hanford ave

Remarks,

8950000318

been conferred upon its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 62479

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 24th 1895
4. Place of Birth, (Street and Number) 1618 E. Chase st.
5. Full Name of Mother, Isabella V. Jagg
6. Mother's Maiden Name, " " Simcoe
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Stephen Jagg
9. Father's Occupation, Paper hanger
10. Father's Birthplace, Balto. County

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.

Address, 1219 N. Caroline st.

Remarks,

8450000319

been co[illegible]ed) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said sch[illegible]ule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62480

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 24th.
4. Place of Birth, (Street and Number) 101 Russell st.
5. Full Name of Mother, Freil, Frances
6. Mother's Maiden Name, Heinicke. Frances
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Freil. Wm. H.
9. Father's Occupation, Grocer
10. Father's Birthplace, Boston Mass.

Name of Medical Attendant, or other person who makes this Return. Mrs Bange

Address, 711 N. Eden st

Remarks,

8 9 5 0 0 0 0 3 2 0

been conferred) its sex, color, the full name and occupation of its parents, the date of birth, and the number of the child of the mother, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62481

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 24 - 95
4. Place of Birth, (Street and Number) Garrett Ave 1326
5. Full Name of Mother, Alexandrine Gornesky
6. Mother's Maiden Name, Subritzky
7. Mother's Birthplace, Russland
8. Full Name of Father, Martin Gornesky
9. Father's Occupation, Stevedore
10. Father's Birthplace, Russland

Name of Medical Attendant, or other person who makes this Return, Johanna Jonske
Garrett Ave 1369

Address,

Remarks,

8 9 5 0 0 0 0 3 2 1

month, and shall set forth as the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. O. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 62482

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24
4. *Place of Birth, (Street and Number)* 129 Parkin Street
5. *Full Name of Mother,* Mary Ellen Farrell
6. *Mother's Maiden Name,* .....
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* William Kelly
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. Laback

Address, ~~785~~ 735 West Pratt Street

Remarks, ...

6 7 5 U 0 0 0 3 2 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 62483

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 A
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 24 1915
4. *Place of Birth, (Street and Number)*	1man et 16 11
5. *Full Name of Mother,*	mary E Sites Libya
6. *Mother's Maiden Name,*	mary E Sites
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	george T Libya
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs S Talley
Address,	1722 Baltimore
Remarks,	

8 7 5 0 0 0 0 3 2 3

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62484

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24th Jan.
4. *Place of Birth, (Street and Number)* 573 Baker St
5. *Full Name of Mother,* Florence Hittner
6. *Mother's Maiden Name,* Florence Bonhamer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Hittner
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs Mary A Stockman

Remarks, 731 Lauraldale St

8750000324

Wm. J. C. Dulany Co,. City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 62485

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 24 1895
4. *Place of Birth, (Street and Number)*	218 N Arlington Ave
5. *Full Name of Mother,*	Anna M. Rogers
6. *Mother's Maiden Name,*	Anna Mullehin
7. *Mother's Birthplace,*	Balto. city
8. *Full Name of Father,*	Jno. W. Rogers.
9. *Father's Occupation,*	Shoe Cutter
10. *Father's Birthplace,*	Balto city
Name of Medical Attendant, or other person who makes this Return.	G. W. Slater M.D.
Address,	660 W Lafayette St.
Remarks,	

8 7 5 0 6 0 0 4 3 2 5

1895. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 62486

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 24 '96
4. *Place of Birth, (Street and Number)* 246 Exeter St
5. *Full Name of Mother,* Mary Smith
6. *Mother's Maiden Name,* " Marbet
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Joseph Smith
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Caroline Muller

Address. 1606 Hallwell

Remarks,

8 5 0 0 0 3 2 6

Wm. J. C. Dulany Co., City Printers and Stationers.

...full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 1489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January the 24-18-95
4. *Place of Birth, (Street and Number)*	Eamball st No 1128
5. *Full Name of Mother,*	mary B elliott
6. *Mother's Maiden Name,*	mary B pool
7. *Mother's Birthplace,*	Fredrick Co Md
8. *Full Name of Father,*	allen D pool
9. *Father's Occupation*	farmer
10. *Father's Birthplace,*	Fredrick Co Md
Name of Medical Attendant, or other person who makes this Return,	Mrs S Kelly
Address,	No 1922 Wilkins Ave
Remarks,	

1895000327

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62488 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colon
3. Date of Birth, January th 25 1895
4. Place of Birth, (Street and Number) hillen 840 Street
5. Full Name of Mother, adie Ringgold
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore md
8. Full Name of Father, Charles Ringgold
9. Father's Occupation Laber
10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return, Kissie Smeal

Address, 703 Lufferman Court Bal

Remarks, 8 Y 5 U 0 0 0 0 3 2 8

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 25 '98
4. *Place of Birth, (Street and Number)* 1729 Chester St
5. *Full Name of Mother,* Lizzie Andrews
6. *Mother's Maiden Name,* Carroll
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* William Andrews
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1615 Mallard St

Remarks,

E 75 U 0 0 0 3 2 9

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and the name conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62490 A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or ~~female~~) .....
2. Race or Color, (if not of the white race) .....
3. Date of Birth, 23 Jan.
4. Place of Birth, (Street and Number) 1031 E Lemmon
5. Full Name of Mother, Hattie Irving
6. Mother's Maiden Name, Taylor
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Freddie Price
9. Father's Occupation Harness maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant or other person who makes this Return, Katie Münch

Address, 800 Leadenhall Street

Remarks, ...

8950000330

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 63497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col'd
3. Date of Birth, Jan 25th 1895
4. Place of Birth, (Street and Number) 8 W. West st
5. Full Name of Mother, Sarah Cornish
6. Mother's Maiden Name, " Winfield
7. Mother's Birthplace, Balto Md
8. Full Name of Father, George Cornish
9. Father's Occupation Laborer
10. Father's Birthplace, St Mary County Md

Name of Medical Attendant, or other person who makes this Return, Margaretta Spragg

Address, 127 Winter St Balto Md

Remarks, 8 9 5 0 0 0 0 3 3 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62492 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	25 of January
4. *Place of Birth, (Street and Number)*	532 N. West St. Baltimore
5. *Full Name of Mother,*	Alice Mason.
6. *Mother's Maiden Name,*	Alice Anderson.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Samuel H. Mason.
9. *Father's Occupation,*	Mechanic
10. *Father's Birthplace,*	North Carolina
Name of Medical Attendant, or other person who makes this Return,	Mrs. Lange.
Address,	711 Eutaw St.
Remarks,	

8 9 5 0 0 0 0 3 3 2

Wm J C. Dulany Co., City Printers and Stationers.

name, color, the full name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its

RETURN OF A BIRTH. A 62493

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) mail
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, at 2 January the 25 1895
4. Place of Birth, (Street and Number) 10 Garrison alley
5. Full Name of Mother, Emer Mathers
6. Mother's Maiden Name, Emer Parker
7. Mother's Birthplace, Alamale Coun
8. Full Name of Father, Nathen Mathers
9. Father's Occupation ~~drifer~~
10. Father's Birthplace, Alo male Coun

Name of Medical Attendant, or other person who makes this Return, Francis Jones

Address, Francis Jones 309 Garrison alley

Remarks,

8950000333

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 62494 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored race
3. Date of Birth, Born Jan 25th 1925
4. Place of Birth, (Street and Number) 106 Durham St. Baltimore Md.
5. Full Name of Mother, Ida Colleson
6. Mother's Maiden Name, Ida Lee
7. Mother's Birthplace, St. Marys County Md.
8. Full Name of Father, Jame Colleson
9. Father's Occupation Brickyard Laborer
10. Father's Birthplace, St. Marys County Md

Name of Medical Attendant, or other person who makes this Return, Georgianna Brooks

Address, 1761 Mulliken St.

Remarks, No inflamed eyes and no swelled eyes.

8 7 5 0 0 0 0 3 3 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62495A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 25, 1895
4. Place of Birth, (Street and Number) 1228 Hanover
5. Full Name of Mother, Martha Kinder
6. Mother's Maiden Name, " Will
7. Mother's Birthplace, Germany
8. Full Name of Father, Gustav Kinder
9. Father's Occupation Mason
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. John H Groshans, M.D.

Address, 1223 S. Charles St.

Remarks,

8 7 5 0 0 0 0 3 3 5

been committed, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62496

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25 of January
4. Place of Birth, (Street and Number) 2602 Fait Avenue
5. Full Name of Mother, Wilhelmine Lietzau
6. Mother's Maiden Name, = Engel
7. Mother's Birthplace, W. Prussia (Germ)
8. Full Name of Father, Carl Lietzau
9. Father's Occupation Laborer
10. Father's Birthplace, W. Prussia (Germ)

Name of Medical Attendant, or other person who makes this Return, Mrs E. Weis

Address, 2122 Canton Ave.

Remarks,

8 7 5 0 0 0 0 3 3 6

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall be [illegible] as the same can be ascertained [illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 25th 1905 3:30 A.M.
4. Place of Birth, (Street and Number) 910 E. Caroline St.
5. Full Name of Mother, Bekke Braunstein
6. Mother's Maiden Name, Bekke Segel
7. Mother's Birthplace, Russia
8. Full Name of Father, Samuel Braunstein
9. Father's Occupation Tailor Maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Dr. Abel Engelhardt

Address, 910 E. Caroline St.

Remarks,

6950000337

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

V

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Jany 25/95
4. *Place of Birth, (Street and Number)* Free Inf. in Hospital - 622 W Lombard St
5. *Full Name of Mother,* Mollie Brown.
6. *Mother's Maiden Name.*
7. *Mother's Birthplace.*
8. *Full Name of Father.*
9. *Father's Occupation.*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Harry A. Arthur M.D.

Address, 622 W. Lombard St.

Remarks,

8 9 5 0 0 0 0 3 3 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child A.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 25th 95
4. Place of Birth, (Street and Number) 1424 Wilmot Al
5. Full Name of Mother, Grace Stanley
6. Mother's Maiden Name, Grace Ford
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward Stanley
9. Father's Occupation Coachman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Jno. V. Ruby M.D.

Address, 1317 Argyle Ave

Remarks, 8950000339

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62500

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 25/95
4. *Place of Birth, (Street and Number)*	610 S. Sharp St
5. *Full Name of Mother,*	Katie M. Hauf
6. *Mother's Maiden Name,*	Katie M. Doulon
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Albert J. Hauf
9. *Father's Occupation*	Cooper
10. *Father's Birthplace,*	Balto city
Name of Medical Attendant, or other person who makes this Return.	E. Winters M.D.
Address,	407 S. Sharp St
Remarks,	

1895 0 0 0 0 3 4 0

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62501

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colord

3. Date of Birth, 25 January

4. Place of Birth, (Street and Number) 427 Ethel St

5. Full Name of Mother, Nellie G. Hall White

6. Mother's Maiden Name, Balti

7. Mother's Birthplace, Balti

8. Full Name of Father, James Walter Hall

9. Father's Occupation Musician

10. Father's Birthplace, Balti.

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Day

Address, 2325 Lanvale St

Remarks,

8 9 5 0 0 0 0 3 4 1

been corrected as to sex, color, the full name and occupation of the father, and the interval between the first and

been delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62552

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 25. / 5, 45. P. M. / 1895
4. Place of Birth, (Street and Number) 961. Milton Place
5. Full Name of Mother, Anna Elizabeth Meinicke,
6. Mother's Maiden Name, Meyer,
7. Mother's Birthplace, Berlin - N. Y.
8. Full Name of Father, Oskar Meinicke,
9. Father's Occupation Machinist
10. Father's Birthplace, Burg a. d. Ihle - Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kaus for the

Address, Mothers Relief Society, 961. Milton Place

Remarks,

8 9 5 0 0 0 0 3 4 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62503

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	January 26 1895
4. Place of Birth, (Street and Number)	405 Lamburge st
5. Full Name of Mother,	Nettie Brown
6. Mother's Maiden Name,	Nettie Clemmons
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Richard Brown
9. Father's Occupation,	laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Annie Johnson attendant
Address,	1012 Plum Alley
Remarks,	Second child

8 9 5 U 0 0 0 3 4 3

Health. [illegible] upon the same can be ascertained the full [illegible] and place of birth; and the mouth, and shall set forth as far as the same can be ascertained, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall be in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subany such person or persons who shall hereafter fail to comply with the provisions of this section shall be jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. D DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 62504 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) F

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 26/95
4. *Place of Birth, (Street and Number)* 611 S. Cannon St.
5. *Full Name of Mother,* Mary Schuppel
6. *Mother's Maiden Name,* Nee Regener
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Fred. Schuppel
9. *Father's Occupation* Cigarmaker
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

8750000344

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 6-3015 A

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 26th 95
4. Place of Birth (Street and Number)	1305 Ashland ave
5. Full Name of Mother	Lena Bayer
6. Mother's Maiden Name	Lena Gemunder
7. Mother's Birthplace	Balto City
8. Full Name of Father	Wm Bayer
9. Father's Occupation	Car Conductor,
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Chas. H. Timmons
Address	920 N Broadway
Remarks	

8 7 5 0 0 0 0 3 4 5

RETURN OF A BIRTH. 62306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 26 1895
4. *Place of Birth, (Street and Number)* 982 Canton Av
5. *Full Name of Mother,* Margaret Jenkins
6. *Mother's Maiden Name,* Margaret Burgoke
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* James Jenkins
9. *Father's Occupation* Oyster Openers.
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mary Sullivan

Address, 824 Canton Av

Remarks,

8 9 5 0 0 0 0 3 4 6

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 7-14-52

RETURN OF A BIRTH. 6507

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William ~~Frederick~~ McConnor A

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, January 26 1905
4. Place of Birth, (Street and Number) 226 Paul East Place,
5. Full Name of Mother, Mary A McConnor
6. Mother's Maiden Name, Mary A Burchoff
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, William L McConnor,
9. Father's Occupation Salesman,
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, John L Stiegler M.D.

Address, 662 N Eutaw St.

Remarks,

8 7 5 0 0 0 0 3 4 7

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62508

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. A

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 26
4. Place of Birth, (Street and Number) 1131 Wicomico St.
5. Full Name of Mother, Maggie Estella Harvey.
6. Mother's Maiden Name, " " Theodore
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, John C. A. Harvey.
9. Father's Occupation, Compositor.
10. Father's Birthplace, Washington, D. C.

Name of Medical Attendant, or other person who makes this Return, Mrs B Wright

Address, 711 N. Gilmor St

Remarks,

8950000348

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6-12-32

RETURN OF A BIRTH. 62519 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Elizabeth Holden

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 26 1915
4. Place of Birth, (Street and Number) No 1121 Court Lane.
5. Full Name of Mother, Minnie Holden
6. Mother's Maiden Name, Minnie Cunningham
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edwin F. Holden.
9. Father's Occupation Hucksters
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Geo A Edwell M.D.

Address, 1741 Harford Ave

Remarks,

8950000349

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH 62570 A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 26. 95.
4. *Place of Birth, (Street and Number)*	920 Park Ave
5. *Full Name of Mother,*	Nora Barrett
6. *Mother's Maiden Name,*	Nora Flannery
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Morris E Barrett
9. *Father's Occupation,*	Driver
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return.	Albert K Hadelman
Address,	1143 Park ave
Remarks,	

6 7 5 0 0 0 0 3 5 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 11-23-59

RETURN OF A BIRTH. 62511

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edward E. Hughes

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	January 26, 1895.
4. *Place of Birth, (Street and Number)*	935 Hunting Park ave.
5. *Full Name of Mother,*	Jennie S. Hughes.
6. *Mother's Maiden Name,*	Chessman.
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Edward Evert Hughes.
9. *Father's Occupation*	Stone Cutter.
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	Chas. H. Mitchell M.D.
Address,	291 Chestnut ave.
Remarks,	

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 1/2 5 0 0 0 0 0 3 5 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65512 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colod
3. Date of Birth, January 26 1895
4. Place of Birth, (Street and Number) Harp st 308
5. Full Name of Mother, rorey Jones
6. Mother's Maiden Name, Jorey Clare
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Noal Clare
9. Father's Occupation labour
10. Father's Birthplace, Cambridge

Name of Medical Attendant, or other person who makes this Return, rarrat Jane Wilson

Address, 124 west Hurey st

Remarks, full 9 months

8 9 5 0 0 0 0 3 5 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 63513 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as near as the same can be ascertained the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Jan 26 1895
4.	*Place of Birth, (Street and Number)*	185 N. Front St
5.	*Full Name of Mother,*	Mary Schieck
6.	*Mother's Maiden Name,*	Mary Odenthal
7.	*Mother's Birthplace,*	Virginia
8.	*Full Name of Father,*	Joseph Thomas Schieck
9.	*Father's Occupation,*	Painter
10.	*Father's Birthplace,*	Baltimore Md
	Name of Medical Attendant, or other person who makes this Return.	G. F. Haines
	Address,	927 E. Baltimore St.
	Remarks,	Name of child Adele-Marie

8950000353

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 8-26-55

RETURN OF A BIRTH. 62574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Tillie Pelagia

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d the Child. A.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26th January 1895
4. Place of Birth, (Street and Number) 817. Lemon Street.
5. Full Name of Mother, Mary Radecki
6. Mother's Maiden Name, Hecker
7. Mother's Birthplace, Germany.
8. Full Name of Father, Jacob Radecki
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm P Lieckfeldt M.D.

Address, 1225 Hart Street

Remarks,

B 7 5 0 0 0 0 3 5 4

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62515

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7.
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	26 January
4. *Place of Birth, (Street and Number)*	1429 Clement st.
5. *Full Name of Mother,*	Elizabeth Sidley
6. *Mother's Maiden Name,*	" Bassis
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	John Sidley
9. *Father's Occupation*	Laboar
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other person who makes this Return,	Kath. McInnes
Address,	1331 Hull st. L P.
Remarks,	

8 9 5 0 0 0 0 3 5 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 27/95
4. Place of Birth, (Street and Number) 1005 Wm. Cullen 2d.
5. Full Name of Mother, Kathie Hildebrandt
6. Mother's Maiden Name, Hempel
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Charles Hildebrandt
9. Father's Occupation Butcher
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mrs. Leisenhofer

Address, 2225 Long St.

Remarks,

8750000356

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 65517

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 27 1895
4. *Place of Birth, (Street and Number)*	414 Hanover St
5. *Full Name of Mother,*	Lucy Tobson
6. *Mother's Maiden Name,*	Counsell
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Damon Tobson
9. *Father's Occupation*	Mechster
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Geo R Latham MD
Address,	125 Columbia ave
Remarks,	

8 9 5 0 0 0 0 3 5 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 62518

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3-d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 27. (5.30. P. M.).
4. Place of Birth, (Street and Number) 125. E. Eastle street.
5. Full Name of Mother, Rosa Albright,
6. Mother's Maiden Name, Bayer,
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Joseph Heinrich Albright,
9. Father's Occupation Paperhanger.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kaune, for the

Address, Mother Relief Society. 901 Milton Place

Remarks,

8950000358

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62519 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 27. Januar
4. Place of Birth, (Street and Number) 1540 Boyle st.
5. Full Name of Mother, Emma Sibuler
6. Mother's Maiden Name, " Metzger
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Sibuler
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Rolf. Mayer.

Address, 1331 Hull st L P.

Remarks,

8 7 5 U 0 0 0 3 5 9

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62320 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 27 1895
4. Place of Birth, (Street and Number) 1837 Chase St.
5. Full Name of Mother, Kate Wentz
6. Mother's Maiden Name, Leyke
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Wentz
9. Father's Occupation Cigar-Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8 9 5 0 0 0 0 3 6 0

Wm. J. C. Dulany Co., City Printers and Stationers.

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62531

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	third
Sex, (state whether male or female)	female
Race or Color, (if not of the white race)	white
Date of Birth,	January 27/94
Place of Birth, (Street and Number)	1100 Carrollton ave
Full Name of Mother,	Rose G Franklin
Mother's Maiden Name,	Rose G Hartman
Mother's Birthplace,	Baltimore
Full Name of Father,	John W Franklin
Father's Occupation	Carpenter
Father's Birthplace,	Carroll Co Md
Name of Medical Attendant, or other person who makes this Return,	Mary Lay
Address,	2323 Division St
Remarks,	

8950000361

y Co., City Printers and Stationers

RETURN OF A BIRTH. 625229

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27 Jan 1895
4. Place of Birth, (Street and Number) 20 E. 11 east st
5. Full Name of Mother, Anna M. Seidel
6. Mother's Maiden Name, " " Bauer
7. Mother's Birthplace, Balto
8. Full Name of Father, Frank P. Seidel
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Mrs E. L. Brooks

Address, 528 Light St

Remarks, Home Well

18 Y 5 0 0 0 0 3 6 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62523 A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jany. 27/95
4. *Place of Birth, (Street and Number)*	2841 N. Fulton Ave.
5. *Full Name of Mother,*	Mrs Wm Bell
6. *Mother's Maiden Name,*	Ida Sheiblein
7. *Mother's Birthplace,*	Balto Co. Md.
8. *Full Name of Father,*	Wm Bell
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Balto Md.
Name of Medical Attendant, or other person who makes this Return,	E. A. Reid M.D.
Address,	2505 Penna. Ave
Remarks,	

8 9 5 0 0 0 0 3 6 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 62504

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male ~~or female~~)* White
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 27- ~~1894~~ 1895
4. *Place of Birth, (Street and Number)* 1958 Park Ave
5. *Full Name of Mother,* Anna L. Forman
6. *Mother's Maiden Name,* Anna L. Mullon
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Arthur L. Forman
9. *Father's Occupation,* Lawyer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. Thos L. Latimer

Address, 211 W. Monument St

Remarks, Chloroform. no trouble

8 4 5 0 0 0 0 3 6 4

month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 62553

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 / 01 —

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Brown Color

3. Date of Birth, January 27 - 95 —

4. Place of Birth, (Street and Number) 335 Hanburg St —

5. Full Name of Mother, Mary Bowie

6. Mother's Maiden Name, Brown

7. Mother's Birthplace, St Inigoes Co Md

8. Full Name of Father, James Bowie

9. Father's Occupation Laborer

10. Father's Birthplace, West Indies

Name of Medical Attendant, or other person who makes this Return, Emma Keene

Address, 646 Hanburg St

Remarks,

8950000365

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62552

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 ~~9~~ youth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Collard
3. Date of Birth, January 27, 1895-
4. Place of Birth, (Street and Number) Bower St 635-
5. Full Name of Mother, Leanza. Gary. age 41
6. Mother's Maiden Name, Leanza. Linzia
7. Mother's Birthplace, Essex Co Va
8. Full Name of Father, Samual. Gray. age 41
9. Father's Occupation, Hod Carrier
10. Father's Birthplace, Calvert Co Md.

Name of Medical Attendant, or other person who makes this Return, Carry. Reid. alley

Address, 412 Parrish

Remarks,

8750000366

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62527

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race)
3. Date of Birth, January 27 - 1895
4. Place of Birth, (Street and Number) 1303 Pashland Ave.
5. Full Name of Mother, Lottie Tucker
6. Mother's Maiden Name, " Nunnally
7. Mother's Birthplace, Virginia
8. Full Name of Father, Charles Tucker
9. Father's Occupation, Inspector
10. Father's Birthplace, Virginia

Name of Medical Attendant, ~~or other person who makes this Return.~~ Geo. F. Taylor M.D.

Address, 1254 N. Broadway

Remarks,

8 7 5 0 0 0 0 3 6 7

Wm. J. C. Dulany Co., City Printers and Stationers.

monthly, and shall state as near as possible the date of the birth of each child, the full name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62525 A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child.

1. *Sex, (~~state whether male or~~ female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* January 27th 1895.
4. *Place of Birth, (Street and Number)* # 1211 Wilcox St.
5. *Full Name of Mother,* Mary Dowling.
6. *Mother's Maiden Name,* Mary Cuteler.
7. *Mother's Birthplace,* Ireland.
8. *Full Name of Father,* Simon Dowling.
9. *Father's Occupation* Wagon driver.
10. *Father's Birthplace,* Ireland.

Name of Medical Attendant, or other person who makes this Return, J. F. Hengel M. D.

Address, # 1213 E. Biddle St.

Remarks,

8 9 5 U 0 0 0 3 6 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65529 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 27th 1915
4. Place of Birth, (Street and Number) Bond Ave. 829
5. Full Name of Mother Katie Kamashefska
6. Mother's Maiden Name, Krull
7. Mother's Birthplace, Poland
8. Full Name of Father, Frank Krull
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary A. Boutell M.D.

Address, 602

Remarks.

8 9 5 0 0 0 0 3 6 9

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63530 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Geboren January 27/95.
4. *Place of Birth, (Street and Number)* Revert str. № 518.
5. *Full Name of Mother,* Veronika Bruchinka.
6. *Mother's Maiden Name,* Son Borkoski.
7. *Mother's Birthplace,* Poland.
8. *Full Name of Father,* Xzian Bortoski.
9. *Father's Occupation,* Poland.
10. *Father's Birthplace,* Poland.

Name of Medical Attendant, or other person who makes this Return, Agnes Hodolna?

Address, Thames str. № 1635

Remarks, to get.

6 7 5 0 0 0 0 3 7 0

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 62581

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan. 27/95
4. Place of Birth, (Street and Number)	835 W. Conn. St.
5. Full Name of Mother,	Rosa Kahlein
6. Mother's Maiden Name,	" Lueck.
7. Mother's Birthplace,	Martinsburg Va.
8. Full Name of Father,	Frederick Kahlein
9. Father's Occupation,	Tinner
10. Father's Birthplace,	York Pa.
Name of Medical Attendant, or other Person who makes this Return.	C. L. Buddenbaum
Address,	418 S. Paca St.
Remarks,	

8950000371

list of the births which have occurred under his or her care during the month, and shall set forth as to the same (as far as ascertained) the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 62532

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female).* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* January 27, 1895.
4. *Place of Birth, (Street and Number)* 602 Eden ave.
5. *Full Name of Mother,* Caroline Kerr.
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, Edwin H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, —

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 7 5 0 0 0 0 3 7 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62533

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 612 N. Bethel

4. Place of Birth, (Street and Number) Jan 28 '95

5. Full Name of Mother, Elizabeth Fisher

6. Mother's Maiden Name, " Lacy

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Thos Fisher

9. Father's Occupation, Sawyer

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Kelly

Address, 1605 Baltimore St

Remarks,

8950000373

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62534

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28th January 1895
4. *Place of Birth, (Street and Number)* 214 N Poppleton St
5. *Full Name of Mother,* Annie Laura Lehr
6. *Mother's Maiden Name,* Annie Laura Coleman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Leonard Lehr
9. *Father's Occupation* Grocries and Provision Dealer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Ledley

Address, 1004 W Lexington St

Remarks,

8 7 5 0 0 0 0 3 7 4

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH 62535

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, January 28/95
4. Place of Birth (Street and Number), 1116 Hanover st
5. Full Name of Mother, Lizzie Hooker
6. Mother's Maiden Name, Lizzie Stewart
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William Hooker
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. M. L. Hooper M.D.

Address, 1327 Hanover st.

Remarks,

8950000375

Baltimore Publishing Co., City Printers and Stationers.

...ferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 62536 A.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* January 28th 1898
4. *Place of Birth, (Street and Number)* 2822 Dillon St
5. *Full Name of Mother* Elizebatte Monroe
6. *Mother's Maiden Name* Elizibatte Cruse
7. *Mother's Birthplace* Baltimore Maryland
8. *Full Name of Father* James D Monroe
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. E. Pritchard MD

Address 1010 Chesapeake St

Remarks It was supposed to be 7 month gestation I was born when I was called and chilled It was partialy resuscitated but died one hour after the mother is dead 5 0 0 0 3 7 6

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 62537

1.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 25 1896
4. *Place of Birth, (Street and Number)* 614 Fait Ave.
5. *Full Name of Mother,* Lizzie Friedman
6. *Mother's Maiden Name,* Lizzie Friedman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Friedman
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Baltic

Name of Medical Attendant, or other person who makes this Return, Mary L. Lavigne

Address, 824 Canton Ave

Remarks,

8950000377

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 62538.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Jan 8 05
3. Date of Birth, 960 Pine St
4. Place of Birth, (Street and Number) Lebanon Hospital
5. Full Name of Mother, Michael
6. Mother's Maiden Name, Richard Hoffield
7. Mother's Birthplace, Stone Cutter
8. Full Name of Father, Germany
9. Father's Occupation Germany
10. Father's Birthplace, Casualty Walker
    Name of Medical Attendant, or other person who makes this Return, 605 Walker St
    Address,
    Remarks,

6 7 5 0 0 0 0 3 7 8

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, the sex, color, and the hour of birth of each child born alive, or stillborn, after the expiration of the said month, and before the expiration of the next month, and the day of the month on which each child was born, or stillborn, and the day of the month on which the return is made; and if any child born alive, or stillborn, after the expiration of the said month, and before the expiration of the next month, shall have been born alive, or stillborn, after the expiration of the said month, and before the expiration of the next month, and shall not be named in the return then made, the return shall state the fact, and the reason why the name is not given; and if any child born alive, or stillborn, after the expiration of the said month, and before the expiration of the next month, shall have been named in the return then made, the return shall state the name, and the day of the month on which the child was born, or stillborn, and the day of the month on which the return is made

RETURN OF A BIRTH. 62540 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* January 28, 1895.
4. *Place of Birth, (Street and Number)* 267 Hickory ave.
5. *Full Name of Mother,* Laura Virginia Taylor.
6. *Mother's Maiden Name,* Lockard.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* William H. Taylor
9. *Father's Occupation* Farmer.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Elmer H. Mitchell M.D.

Address, 291 Chestnut ave

Remarks,

8 9 5 0 0 0 0 3 8 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62541

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14 A.

1. Sex, (state whether male or female) Male. Louis O. Mayls Jr.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, January 28, 1895.
4. Place of Birth, (Street and Number) 542 1/2 Lemmy ave.
5. Full Name of Mother, Alice A Mayls.
6. Mother's Maiden Name, Houck.
7. Mother's Birthplace, Md.
8. Full Name of Father, L. O. Mayls.
9. Father's Occupation Laborer.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Elmer H. Mitchell M.D.

Address. 291 Chestnut ave.

Remarks. The entire number is living and in good health.

Full name of child added by sister upon applying for transcript.

0 4 5 0 0 0 5 3 8 1

Wm. J. C. Dulany Co., City Printers and Stationers.

P. C. Helms — Birth Index Clerk 9 May 89 11.30.

Mrs Lulu A. Egerton sister

RETURN OF A BIRTH. 62542 A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 25 1925
4. Place of Birth, (Street and Number) 250 Gartrell Ave
5. Full Name of Mother, Cynthia Carter
6. Mother's Maiden Name, Long
7. Mother's Birthplace, [illegible]
8. Full Name of Father, Carter
9. Father's Occupation Laborer
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 250 Gartrell Ave

Remarks,

8 4 5 U 0 0 0 3 8 2

month, and shall set forth as the same can be ascertained by the parents, the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62543

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4. A.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, January 28, 1895.
4. Place of Birth, (Street and Number) 3d Fleet Alley - St.
5. Full Name of Mother, Kate O'Brien.
6. Mother's Maiden Name, O'Neill.
7. Mother's Birthplace, Ireland.
8. Full Name of Father, Francis S. O'Brien.
9. Father's Occupation Engineer.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas H. Mitchell M.D.

Address, 791 Chestnut ave.

Remarks,

8950000383

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63544 A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, January 23, 1876.
4. Place of Birth, (Street and Number) No. 1313 E. Lanvale St.
5. Full Name of Mother, Florence D. Bredehoft.
6. Mother's Maiden Name, Florence D. Colton.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, John C. Bredehoft.
9. Father's Occupation Clerk.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Chas. A. Elwell, M.D.

Address, 1911 Harford Ave.

Remarks,

8 9 5 U 0 0 0 3 8 4

Wm. J. C. Dulany Co., City Printers and Stationers.

(Every birth, whether (1st, 2d, 3d, &c.) its sex, color, the full name and occupation of its parents, the date and place of birth; and the name, if any, conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the name, if any, conferred, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65545 L

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, January 28 1885.
4. Place of Birth, (Street and Number) No 1236 E. Eager st.
5. Full Name of Mother, Amelia Schaefer.
6. Mother's Maiden Name, Amelia Fiedl.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Adolf Schaefer.
9. Father's Occupation Tinner.
10. Father's Birthplace, Denmark

Name of Medical Attendant, or other person who makes this Return, Augs. A. Elwell M.D.

Address, 1111 Harford ave.

Remarks,

8750000385

Wm. J. C. Dulany Co., City Printers and Stationers.

The full name and occupation of its parents, the date and place of birth; and the color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or practioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 62546 A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 t

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jany 28 t 1895 4. A. M.
4. Place of Birth, (Street and Number) 1127 W mulberry St
5. Full Name of Mother, Emma Boarman
6. Mother's Maiden Name, Emma Comegys
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo Boarman
9. Father's Occupation, mercantile Examiner
10. Father's Birthplace, Talbot Co. Md.

Name of Medical Attendant, or other person who makes this Return. A H Saxton

Address, 1136 W Lexington St.

Remarks,

8 y 5 0 0 0 0 3 8 6

If any child born in Baltimore City shall not have a name at the time the certificate of birth is required to be returned, the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 62547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 29th June 97
4. *Place of Birth, (Street and Number)* 404 Gindle St
5. *Full Name of Mother,* Sophia Cannon
6. *Mother's Maiden Name,* Getz
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Silvio Cannon
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Lucia E. Tyrrell

Address, 436 E. Fort Ave

Remarks,

1 8 2 5 0 0 0 0 3 8 7

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62548

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 29

4. Place of Birth, (Street and Number) # 236 Wolfst.

5. Full Name of Mother, Mary Hook

6. Mother's Maiden Name, Mary Nevans

7. Mother's Birthplace, Balt.

8. Full Name of Father, Charles Hook

9. Father's Occupation Regiment

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Mary A Portner

Address, #241 S. Chester

Remarks,

8750000388

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

62549

A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 29th of January 1895
4. Place of Birth, (Street and Number) No. 314 S. Chester str.
5. Full Name of Mother, Barbara Elizabeth Krug
6. Mother's Maiden Name, " " Balster
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Frederick Krug
9. Father's Occupation machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Hannah E Thomsen

Address, 225 N Pat. Pk Ave.

Remarks,

8950000389

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

62550 A.

RETURN OF A BIRTH.

GIVEN NAME ADDED 2/24/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Eleanor Clare Fells Hull

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female

1. Sex, (state whether male or female) White.
2. Race or Color, (if not of the white race) January 29th 1895.
3. Date of Birth, 1884 W. Lombard St
4. Place of Birth, (Street and Number) Bertha Jane Wells. "
5. Full Name of Mother, " Hood.
6. Mother's Maiden Name, City.
7. Mother's Birthplace, William E. Wells.
8. Full Name of Father, Clerk.
9. Father's Occupation, City
10. Father's Birthplace, William A. B. Sellman M.D.
Name of Medical Attendant, or other person who makes this Return, 5. E. Biddle St
Address,
Remarks,

1895000390

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 62537 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 29, 1895
4. *Place of Birth, (Street and Number)* 1124 Battery Ave.
5. *Full Name of Mother,* Annie M. Reuder
6. *Mother's Maiden Name,* Annie M. Thomas.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Albert G. Reuder.
9. *Father's Occupation,* Miner.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Theodore Wooley, M.D.

Address, 914 St. Charles St.

Remarks,

8 9 5 0 0 0 0 3 9 1

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 62552

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Tuesday, July 29th 98. (7 45th 2h.)
4. *Place of Birth, (Street and Number)* 1115 N. Mount St
5. *Full Name of Mother,* Matilda Marie Catherine Lindner
6. *Mother's Maiden Name,* " " " Jaeger
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Chas. Henry Lindner
9. *Father's Occupation* Builder
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Thos. Worthington Jones

Address, 116 W. Mulberry St

Remarks, Baltimore Md

8 9 5 0 0 0 0 3 9 2

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62553

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.)	First
1. *Sex, (state whether male ~~or female~~)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 29 1895
4. *Place of Birth, (Street and Number)*	18 Gittings St.
5. *Full Name of Mother,*	Agate Gertrude Handley
6. *Mother's Maiden Name,*	Agate Gertrude Purdy
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Alfred A. Handley
9. *Father's Occupation*	Artist
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return,	Dr. Ida Plaut
Address,	325 S. Charles St
Remarks,	8950000393

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62534 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 29
4. *Place of Birth, (Street and Number)*	816 N Mount
5. *Full Name of Mother,*	Nellie D Blaney
6. *Mother's Maiden Name,*	Nellie D. Loane
7. *Mother's Birthplace,*	Balt Md.
8. *Full Name of Father,*	Charles A Blaney
9. *Father's Occupation,*	Bricklayer
10. *Father's Birthplace,*	Balt Md
Name of Medical Attendant, or other person who makes this Return.	Robert K Kwan
Address,	220 N Gilmor St
Remarks,	

8950000394

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Within ten days after the birth of any child born in Baltimore City, the same shall be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, by the physician, midwife or other person in attendance upon the mother, or by the father of the child, or by the mother, if able, or by the householder or owner of the premises where the birth occurred, under pain of the penalty hereinafter provided. The report shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 62555

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female).* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 29/95
4. *Place of Birth, (Street and Number)* 326 S. Wolfe St.
5. *Full Name of Mother,* Theresia Hofferbert
6. *Mother's Maiden Name,* Richstein
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Philipp Hofferbert
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenbroker

Address, 2225 Gough St.

Remarks,

6 7 5 0 0 0 0 3 9 5

month, and shall set forth as far as the same can be ascertained the name, sex, color, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62556

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

E

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first one

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colored race
3. Date of Birth, Jan. 29. 1895
4. Place of Birth, (Street and Number) 916 Leadenhall between Henrietta and Hamburg
5. Full Name of Mother, Mary Haven
6. Mother's Maiden Name, Mary Cecilia Caupher
7. Mother's Birthplace, Baltimore Md born in York street
8. Full Name of Father, See Haven
9. Father's Occupation Waiter in Hotel
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Annie M Davis

Address, 813 Leadenhall street

Remarks, Seven months child mother met with an accident by falling down the cellar.

8 Y 5 0 0 0 0 3 9 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c,) female 1

1. Sex, (state whether male or female) female 2
2. Race or Color, (if not of the white race) Color 3
3. Date of Birth, 29 Jan 1895
4. Place of Birth, (Street and Number) 726 Hanover st
5. Full Name of Mother, Hannah Ort
6. Mother's Maiden Name, Nashitte Mebrick
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Isaac Ort
9. Father's Occupation, Iron Moler
10. Father's Birthplace, Richmond Cape Colony

Name of Medical Attendant, or other person who makes this Return, Louisa Handford

Address, 136 York st

Remarks,

8950000397

(been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 11-19-52

RETURN OF A BIRTH. 62558

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George John Peilstocker

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	A 1.
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	29th January 95
4. Place of Birth, (Street and Number)	2116 Frederick Road
5. Full Name of Mother,	Margaretha Peilstöcker
6. Mother's Maiden Name,	Margarethe Hansenzahl
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Georg Peilstöcker
9. Father's Occupation	Butcher
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	2116 West Pratt St
Remarks,	

8 9 5 0 0 0 0 3 9 8

Health. This Schedule shall contain a true statement of the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62559 1.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, January 21 1923.
4. Place of Birth, (Street and Number) 514 Gay Bethel Block
5. Full Name of Mother, Clara Fries
6. Mother's Maiden Name, Clara Sachs.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Charles Fries
9. Father's Occupation Salesman
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Geo. W. Edwell M.D.

Address, 1724 Harford Ave.

Remarks,

8950000399

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

62560

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W
3. Date of Birth, Jany 29 - 95
4. Place of Birth, (Street and Number) 1576 E Fayette St
5. Full Name of Mother, Julia V. Thompson
6. Mother's Maiden Name, " " Hobbs
7. Mother's Birthplace, Frederick Co Md
8. Full Name of Father, John L Thompson
9. Father's Occupation, Brakeman RR
10. Father's Birthplace, Jefferson Co W Va.

Name of Medical Attendant, or other person who makes this Return. R G Davis M.D

Address, 1509 N Caroline St

Remarks,

1895 0 0 0 0 4 0 0

The Name of the Child, if any shall be given, as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offease, to be recovered as other fines and forfeitures are recoverable.

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 623761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) last born

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* twenty-seventh
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* [illegible]
9. *Father's Occupation* [illegible]
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks, [illegible]

8950000401

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62362

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colord
3. *Date of Birth,*	June 29 = 1895
4. *Place of Birth, (Street and Number)*	Stadard st 1833
5. *Full Name of Mother,*	Lillie Pumphrey
6. *Mother's Maiden Name,*	Lillie Cole
7. *Mother's Birthplace,*	Md. Balto
8. *Full Name of Father,*	P. L. Pumphrey
9. *Father's Occupation*	Barber
10. *Father's Birthplace,*	Ky.
Name of Medical Attendant, or other person who makes this Return,	Dr. Dorsey
Address,	2325 Division st
Remarks,	

8950000402

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RETURN OF A BIRTH. 62563

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Child 4
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Jan. 27 - 1895
4. *Place of Birth, (Street and Number)*	Rear 18 W. Wavrly Balt.
5. *Full Name of Mother,*	Ella Banks.
6. *Mother's Maiden Name,*	Ella Lane
7. *Mother's Birthplace,*	Eastern Shore Md.
8. *Full Name of Father,*	Henry Banks
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Washington D.C.
Name of Medical Attendant, or other person who makes this Return,	Susan E. Bailey
Address,	# 8 Talbot St Wavrly Balt. City
Remarks,	Bright & well

8950000403

Wm. J. C. Dulany Co., City Printers and Stationers.

62564

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Mulatto
3. Date of Birth,	January 29 - 1895
4. Place of Birth (Street and Number),	433 W. Biddle St
5. Full Name of Mother,	Nellie Connor
6. Mother's Maiden Name,	
7. Mother's Birthplace,	
8. Full Name of Father,	Benj. Connor
9. Father's Occupation,	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return.	Edwin K Ballard M.D.
Address,	
Remarks,	

8 9 5 0 0 0 0 4 0 4

and shall set forth as far as the same can be ascertained the full name of both the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Baltim e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 62565-1

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

~~Infant~~ name: ~~Edward~~ Nichols

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 31 1926
4. Place of Birth, (Street and Number) 2136 Fait Ave
5. Full Name of Mother, Lilly (Nichols) Nichols
6. Mother's Maiden Name, Lilly Chailos
7. Mother's Birthplace, Balto
8. Full Name of Father, Lilly (Nichols) Nichols
9. Father's Occupation Longshoreman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary L Lavagnino

Address, 824 Canton Ave

Remarks,

8 9 5 0 0 0 0 4 0 5

The name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED 11-24-54

RETURN OF A BIRTH. 62366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Thomas Sedgwick Wrightson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 30 1870
4. Place of Birth, (Street and Number) 17 Lees St.
5. Full Name of Mother, Anne Wrightson
6. Mother's Maiden Name, Anne Wylie
7. Mother's Birthplace, Balto
8. Full Name of Father, Lovegal Wrightson
9. Father's Occupation Sailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary L Lovejoy

Address, 824 Canton Ave

Remarks,

8750000406

Wm. J. C. Dulany Co., City Printers and Stationers.

and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 4-24-52

62567 A

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ida Beatrice ~~Smith~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 30 th 1895
4. Place of Birth, (Street and Number) 420 Sharp St.
5. Full Name of Mother, Phenia Smith
6. Mother's Maiden Name, Phenia Becker
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jas. H. Smith
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Kate Lynch

Address, 800 Leadenhall Street

Remarks,

8950000407

month, and shall state the name and occupation of its parents, the date and place of birth; and the name, if any, given at the time of birth; and the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

62368

A

RETURN OF A BIRTH

GIVEN NAME ADDED 11-27-53

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Virginia Baron Meadinger

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 30-45
4. Place of Birth, (Street and Number) 148 Wilson
5. Full Name of Mother, Anna Baron Meadinger
6. Mother's Maiden Name, Anna Baron
7. Mother's Birthplace, Balto.
8. Full Name of Father, Herman Martin Meadinger
9. Father's Occupation, Builder
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. John M. Moffett

Address, 402 Cathedral St.

Remarks,

The births which have occurred under his or her care during the month, stating the name, sex, color, the full name and occupation of its ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) ~~Male~~ Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 30/95
4. Place of Birth, (Street and Number) 576 N Gay St.
5. Full Name of Mother, Hedwig Rau
6. Mother's Maiden Name, " Schellmeier
7. Mother's Birthplace, Germany
8. Full Name of Father, William Rau
9. Father's Occupation Jeweler
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. Dieffenbacher

Address, 2225 Gough St.

Remarks,

8950000409

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 62370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 30 95
4. *Place of Birth, (Street and Number)*	413 S. Washington St.
5. *Full Name of Mother,*	Margaretha Lewald
6. *Mother's Maiden Name,*	Appel
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Henry Lewald
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mrs. Deisenhofer
Address,	2325 Gough St.
Remarks,	

8950000410

month, and shall set forth as far as the same can be ascertained the name, sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 62571 A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, 30 Jan. 1895
4. Place of Birth, (Street and Number) 717 Fort ave
5. Full Name of Mother, Mary Henneng
6. Mother's Maiden Name, Dertrich
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jac Henneng
9. Father's Occupation Color
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Carlena Schwarz

Address, 434 Fort ave

Remarks,

8 9 5 0 0 0 0 4 1 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

62572 A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 30 14
4. *Place of Birth, (Street and Number)*	2005 Ridgewood Ave.
5. *Full Name of Mother,*	Henrietta Hellner
6. *Mother's Maiden Name,*	Henrietta Burzlaff
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Otto Hellner
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Abr. C. Goldstick
Address,	2859 Fulton Ave.
Remarks,	

8 7 5 U 0 0 0 4 1 2

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this Section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH 62573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 30 January 1895
4. Place of Birth, (Street and Number) 919 Durham St
5. Full Name of Mother, Barby Colintnar
6. Mother's Maiden Name, Barby Stepanek
7. Mother's Birthplace, Bohemia
8. Full Name of Father, John Colintnar
9. Father's Occupation, Laber
10. Father's Birthplace, Bohimia

Name of Medical Attendant, or other person who makes this Return. Josephean Conrad

Address, 1621 Barnes St Balt Md

Remarks,

8 4 5 U 0 0 0 4 1 3

Section. The parent shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of a physician or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 62574 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan. 30 1895
4. Place of Birth, (Street and Number) 249 S. Bethel St.
5. Full Name of Mother, Julia Wesley
6. Mother's Maiden Name, Gillman
7. Mother's Birthplace, Dorchester Co Md
8. Full Name of Father, William Wesley
9. Father's Occupation Laborer
10. Father's Birthplace, Dorchester Co. Md

Name of Medical Attendant, or other person who makes this return, Mary Stern

Address, 1427 E. Oral H.

Remarks,

8950000414

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

635 73 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 30. Jan
4. *Place of Birth, (Street and Number)* 415. Rogers Av
5. *Full Name of Mother,* Maria Lannan
6. *Mother's Maiden Name,* Maria Carr
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Patrick Lannan
9. *Father's Occupation* Sexton
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Zinkewicz

Address, 1417 E. Eager St.

Remarks,

8950000415

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 62576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 30th 1895
4. Place of Birth, (Street and Number) 510 Hanover St
5. Full Name of Mother, Lena Levin
6. Mother's Maiden Name, Lena Katzen
7. Mother's Birthplace, Russia
8. Full Name of Father, Albert Levin
9. Father's Occupation, Carpetman
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, H. Rubinstein

Address, 105 St. Paul St Baltimore Md

Remarks, very small weight 6 lbs

8950000416

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62577 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.) .....

1. *Sex, (state whether male ~~or female~~)* .....
2. *Race or Color, (if not of the white race)* .....
3. *Date of Birth,* January 30-1895
4. *Place of Birth, (Street and Number)* 1522 N. Broadway
5. *Full Name of Mother,* Rachfina J. Vos.
6. *Mother's Maiden Name,* " " Meinma
7. *Mother's Birthplace,* Holland.
8. *Full Name of Father,* John. R. N. Vos.
9. *Father's Occupation* Manager
10. *Father's Birthplace,* Holland.

Name of Medical Attendant, or other person who makes this Return, Geo. F. Taylor. M.D

Address, 1254 N. Broadway

Remarks, ...

8 9 5 U 0 0 0 4 1 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 62578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall be filled out as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule and shall set forth as far as the same can be ascertained between the first and third day of shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. A.

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Jany 30 - 1895
4. *Place of Birth (Street and Number),* ~~324~~ W Lexington
5. *Full Name of Mother,* Jennie Jendrzek
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,* Jas Jendrzeck
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Edwin K Ballard M.D.

Address,

Remarks,

8 9 5 U 0 0 0 4 1 8

The Baltimore Publishing Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

62579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* 31. January.
4. *Place of Birth, (Street and Number)* 1 236. Chapel Street.
5. *Full Name of Mother,* Anna Robinsoten.
6. *Mother's Maiden Name,* Anna Schuster.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edwin Robinsohn.
9. *Father's Occupation* Tobacman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Morris Klein

Address, 1-1933 Fairmount-Ave

Remarks,

8 9 5 U 0 0 0 0 4 1 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 6 25 80

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 21st 95.

4. Place of Birth, (Street and Number) 1129 (or) Baltimore St.

5. Full Name of Mother, Lily M. Childs

6. Mother's Maiden Name, Lily M. Longmeland

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, Jno. S. Childs

9. Father's Occupation, Piano Maker

10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, Henry C. Okee. M.D.

Address, 1702 W. Fayette St.

Remarks, 8950000420

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62581

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	2nd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan 31/95
4. Place of Birth, (Street and Number)	29 N. Bond St. B. M. Maternité
5. Full Name of Mother,	Mary McCombs
6. Mother's Maiden Name,	" Jordan
7. Mother's Birthplace,	Balto City
8. Full Name of Father,	Wm McCombs
9. Father's Occupation.	Carpenter
10. Father's Birthplace,	Balto. City
Name of Medical Attendant, or other person who makes this Return.	J. C. Ahlendorf M. D.
Address,	518 N. Bond St
Remarks,	

Health. This schedule shall contain [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

B 7 5 U 0 0 0 9 4 2 1

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62582

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. Child A.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 31. 1895.
4. *Place of Birth, (Street and Number)* 1122 Calhoun St.
5. *Full Name of Mother,* Maggie Miller
6. *Mother's Maiden Name,* Maggie Roe
7. *Mother's Birthplace,* Clifton Baltimore County
8. *Full Name of Father,* Arthur Miller
9. *Father's Occupation* Hatter
10. *Father's Birthplace,* Gettisburg

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs Mary A. Shockey

Remarks, 731 Cordelia Garland St

3 9 5 0 0 0 0 4 2 2

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. 62583

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 31 st
4. *Place of Birth, (Street and Number)* 322 Barre St
5. *Full Name of Mother,* Clara Dickert
6. *Mother's Maiden Name,* Clara Zigler
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William H Dickert
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, Wellington Office

Remarks, 641 So Paca St

S 9 5 U 0 0 0 4 2 3

Wm. J. C. Dulany Co., City Printers and Stationers.

COVERT MARIE ADDED 12-16-52 162584

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Helen Catherine Wilkinson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 31/95
4. Place of Birth, (Street and Number) 2021 E. Lombard Str.
5. Full Name of Mother, Mary Wilkinson
6. Mother's Maiden Name, " Schwarz
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. Wilkinson
9. Father's Occupation Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Diesenhofer

Address, 2226 Gough St.

Remarks,

8 9 5 U 0 0 0 4 2 4

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

62 585

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IIII

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 31/95
4. Place of Birth, (Street and Number) 1413 Griffins Court
5. Full Name of Mother, Annie Idegs
6. Mother's Maiden Name, " Feil
7. Mother's Birthplace, Balto
8. Full Name of Father, Christian Idegs
9. Father's Occupation Stevendore
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer

Address, 2225 Gough St.

Remarks,

6 7 5 0 0 0 0 4 2 5

Wm. J. C. Dulany Co,. City Printers and Stationers.

mouth, and shall set forth as far as the same can be ascertained the full name, sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 62586 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	one
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	31th January
4. *Place of Birth, (Street and Number)*	1123 S. Carey St
5. *Full Name of Mother,*	Katie Lyons
6. *Mother's Maiden Name,*	Katie Acton
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Thomas Lyons
9. *Father's Occupation,*	Boiler Maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mary Hester
Address,	1005 W. Cross St
Remarks,	8950000426

WM. J. G. MULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

62,557 E

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 31 / 1895 6.45 p.m.
4. Place of Birth, (Street and Number) 1448 Aisquith
5. Full Name of Mother, Wilhelmina Treff
6. Mother's Maiden Name, Wilhelmina Zeeb
7. Mother's Birthplace, Virginia
8. Full Name of Father, Louis Treff
9. Father's Occupation Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, J. G. Henry Chabot M.D.

Address, 1111 E. Preston St.

Remarks,

8 4 5 0 0 0 0 4 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62588

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jany. 1, '95
4. *Place of Birth, (Street and Number)*	17 Orleans St
5. *Full Name of Mother,*	Mary E. Bergmann
6. *Mother's Maiden Name,*	" " Shetzler
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Benjamin Bergmann
9. *Father's Occupation*	
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return,	Caroline Muller
Address,	1605 Walker St
Remarks,	

84500000428

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth such facts as the same shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female).* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 4 '95
4. *Place of Birth, (Street and Number)* 1536 E Monument St
5. *Full Name of Mother,* Fertie Burbee
6. *Mother's Maiden Name,* " Negro
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* William Burbee
9. *Father's Occupation* Railroad Clerk
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Shattuck St

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1 8 9 5 0 0 0 0 0 4 2 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62590

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 11 '95
4. *Place of Birth, (Street and Number)*	1637 McElderry St
5. *Full Name of Mother,*	Annie Smithers
6. *Mother's Maiden Name,*	" Delaies
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Henry Smithers
9. *Father's Occupation*	Millionaire
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return,	Caroline Miller
Address,	1605 Walbrook St
Remarks,	

8 Y 5 U 0 0 0 0 4 3 0

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as the same can be ascertained from the information of the parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62591

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1 January 1895
4. *Place of Birth, (Street and Number)* 213 Curley St
5. *Full Name of Mother,* Emeli Meller
6. *Mother's Maiden Name,* Emeli Henri
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Thomas Meller
9. *Father's Occupation* Fire Department
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S Washington St

Remarks,

8950000431

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62592 A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Same

4. Place of Birth, (Street and Number) 142 E. Oregon St

5. Full Name of Mother, Annie E. Bowman

6. Mother's Maiden Name, Simmons

7. Mother's Birthplace, " "

8. Full Name of Father, City

9. Father's Occupation, Michael A. Bowman

10. Father's Birthplace, Clerk

Name of Medical Attendant, or other person who makes this Return, City

Address, H. G. Bench M.D.

Remarks, 571 Hanover St

8 4 5 U 0 0 0 4 3 2

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, date of birth; and the said day of each month, and every month thereafter, the date and place of birth of the first and third child to the Commissioner of Health. In case no other person shall be in attendance upon birth of a child, the certificate between of any child shall be delivered by the attendance of a physician or practitioner of midwifery, of the person above required, shall be immediately of the birth of such child to report its birth to the Commissioner of Health, in the manner provided in this section of this Schedule shall and every offence, to be recovered as other fines and forfeitures are recoverable. attendance of fail to comply with the within provisions of any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence.

Wm. J. C. Dulany Co., City Printers and Stationers.

62593 A.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 1/95
4. Place of Birth, (Street and Number) 605 S. Ann Str.
5. Full Name of Mother, Henrietta Weiss
6. Mother's Maiden Name, " Peris
7. Mother's Birthplace, Germany
8. Full Name of Father, Rudolph Weiss
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough Str.

Remarks,

8950000433

month, and shall set forth as far as the same can be ascertained the full name, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

62544

A

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Geboren January 1/95'
4. Place of Birth, (Street and Number) Thames str. No 1516.
5. Full Name of Mother, Mary Filachowska.
6. Mother's Maiden Name, Medhen Pryby-ska.
7. Mother's Birthplace, Poland.
8. Full Name of Father, Antoni Prybyar.
9. Father's Occupation, Poland.
10. Father's Birthplace, Poorland

Name of Medical Attendant, or other person who makes this Return. Agnes Hodolva.

Address, Thames str. No. 1635'

Remarks, Si pat.

8 4 5 U 0 0 0 4 3 4

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

62595

RETURN OF A BIRTH.

A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 6th

1. *Sex*, (*state whether male or female*) male
2. *Race or Color*, (*if not of the white race*) Colored
3. *Date of Birth* January 1st
4. *Place of Birth*, (*Street and Number*) Baltimore near Dorsey st
5. *Full Name of Mother*, Lydia L. Lewis
6. *Mother's Maiden Name*, Lydia L. Giles
7. *Mother's Birthplace*, Hartford county
8. *Full Name of Father*, Robert W. Lewis
9. *Father's Occupation*, Laborer
10. *Father's Birthplace*, Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hicks

Address,

Remarks,

8 7 5 U 0 0 0 0 4 3 5

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

62596

A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	II
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	Jany 1, 1895
4. *Place of Birth, (Street and Number)*	Res. Lying in Hospital 622 W. Lombard
5. *Full Name of Mother,*	Johanna Sanders
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	Harry H. Arthur M.D. 622 W. Lombard St
Address,	
Remarks,	

6950000436

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62597 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 1, 1895.
4. *Place of Birth, (Street and Number)* Still Lying-in Hospital 622 W. Lombard St.
5. *Full Name of Mother,* Mary Gallagher
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Harry R. Arthur MD

Address, 622 W. Lombard St

Remarks,

8950000437

Wm. J. C. Dulany Co., City Printers and Stationers.

62 598

RETURN OF A BIRTH.

A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jany 1, 1895.
4. *Place of Birth, (Street and Number)* Good Samaritan Hospital 622 W. Lombard
5. *Full Name of Mother,* Annie Fraser.
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Harry K. Arthur M.D.

Address, 622 W. Lombard St

Remarks,

1895 0000438

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62597

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. A.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 te
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	2 te of January 95
4. *Place of Birth, (Street and Number)*	213 b Lexington St.
5. *Full Name of Mother,*	Sarah Sayes
6. *Mother's Maiden Name,*	Sarah Duffey
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Samuel Parks.
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Friederike Wessler Midwife
Address,	216 W. Pratt St
Remarks,	

8 9 5 0 0 0 0 4 3 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

62607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9a
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	2d June 1895
4. *Place of Birth, (Street and Number)*	5th 45 E Fort Ave
5. *Full Name of Mother,*	Jennie Mackin
6. *Mother's Maiden Name,*	McLean McClain
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Andrew Mackin
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Havre de Grace Harford Co Md
Name of Medical Attendant, or other Person who makes this Return	Elizabeth Yewell
Address,	436 E Fort Ave
Remarks,	

A

8450000440

sioner of Health. This schedule shall contain a list of the births which have occurred in each district during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

FIET & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred since its last return, the names of which have been omitted in any such list, if any shall have been omitted; and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 2nd 1893
4. *Place of Birth, (Street and Number)* 426 S Loudon St
5. *Full Name of Mother,* Sarah Smith
6. *Mother's Maiden Name,* Sarah Wiener
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Barnet Smith
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Feldman

Address, 413 S. Loudon St

Remarks,

1895 0 0 0 0 4 4 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 6262 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 2 th 1895
4. Place of Birth, (Street and Number) 124 Harrison St
5. Full Name of Mother, Fannie Cohen
6. Mother's Maiden Name, Fannie Levy
7. Mother's Birthplace, Russia
8. Full Name of Father, Isaac Cohen
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Wm J. Holloran

Address, 1018 Lombard St

Remarks, 1895U000442

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the office of the practioner of midwifery, or should no other person be in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 62603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 January 1895
4. Place of Birth, (Street and Number) 931 Castle St
5. Full Name of Mother, Mary Kuse
6. Mother's Maiden Name, Mary Rader
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Charles Kuse
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Josephean Conrad

Address, 1621 Barnes St Balt Md

Remarks,

8 7 5 U 0 0 0 4 4 3

Health. This Schedule shall be filled out as far as the same can be ascertained the full name of each child, if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 626 A 4

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 2 1895
4. *Place of Birth, (Street and Number)* Madeira # 109
5. *Full Name of Mother,* Laura Kittleni
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Kittleni
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Roberts

Address, 1910 Washington ave

Remarks, 205

8 4 5 0 0 0 0 4 4 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62605 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan 2, 95

4. Place of Birth, (Street and Number) 410 Wilson St.

5. Full Name of Mother, Luzzie Brannan

6. Mother's Maiden Name, Brannan

7. Mother's Birthplace, Sweden

8. Full Name of Father, Augt Bergner

9. Father's Occupation Tailor

10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return, J. F. Christian M.D

Address, 1801 Madison Ave

Remarks, 8950000445

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and shall occur without the mother, immediately thereafter it shall become the duty of the person or parents of such attendance of a physician or practitioner of midwifery, or should no other person be in shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan - 3d 1895
4. *Place of Birth, (Street and Number)*	1136 - Mulberry St -
5. *Full Name of Mother,*	Mary Frede
6. *Mother's Maiden Name,*	Mary Connor
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Chas Frede
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	John Bonicon
Address,	City Hospital
Remarks,	

8 9 5 0 0 0 0 4 4 6

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 6260.7

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan. 3 '96
4. *Place of Birth, (Street and Number)*	2136 McElderry St
5. *Full Name of Mother,*	Maggie Lynn
6. *Mother's Maiden Name,*	Handler
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Stephenson Lemon
9. *Father's Occupation*	Salesman
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return.	Caroline Miller
Address,	1605 Walker St
Remarks,	

8 4 5 U 0 0 0 4 4 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 62608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 3d Jan 1895

4. Place of Birth, (Street and Number) 824 Covington St

5. Full Name of Mother, Martha Hendricks Stolks

6. Mother's Maiden Name, Lennang

7. Mother's Birthplace, Arthur Hendricks

8. Full Name of Father, Laborer

9. Father's Occupation, Baltimore

10. Father's Birthplace, Elizabeth Yewell

Name of Medical Attendant, or other Person who makes this Return

Address, 436 E Fort ave

Remarks,

8 y 5 0 0 0 0 4 4 8

during the month, and shall set forth, as far as the same can be ascertained, the day and ... of its parents, the day and ... as the full name and occupation of the ... signed by the practitioner, in the form of a ... In case the ... shall be delivered, duly signed by the ... Board of Health, or ... midwifery, or ... to the Board of ... become the ... or of a practitioner ... shall then become the ... during the month, and shall set forth, as far as the same can be ascertained, the day and ... its sex, color, the full name and occupation of its parents, the day and ... conferred, duly signed by the ... Board of Health, or ... midwifery, or ... to the Board of ... become the ... or of a practitioner ... shall then become the ... each and every month, or of a physician, or ... thereafter, it shall ... in the manner, and ... third day of ... Board of Health, ... children, and ... the first and ... immediately ... to the Board of ... illegitimate ... subject ... the attendance of a physician, or of a practitioner, it shall be the duty of the ... mother, ... to the Board of Health, ... children, and ... mother, immediately thereafter, it shall be the duty of the ... to the Board of ... illegitimate children, and ... its birth and ... subject ... upon the mother, its birth to the Board of Health, illegitimate children, and ... its birth and death ... shall be subject ... section ... of this section shall be subject ... child to report ... the provisions of this section shall be subject ... penalties ... penalties are recoverable.

... shall occur in a ... child to report its birth and death ... the provisions of this section shall be subject ... penalties are recoverable.

certificate, between the ... child

RETURN OF A BIRTH. 62609 A

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 3rd 1895
4. Place of Birth, (Street and Number) Wonderhorst Lane near Belair (ave,
5. Full Name of Mother, Katie Ebert
6. Mother's Maiden Name, " Borth
7. Mother's Birthplace, Germany
8. Full Name of Father, John Ebert
9. Father's Occupation, Beer Brewer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wilhelmine Schmidt

Address, No. 7 Mine Bank Lane

Remarks, none

8 Y 5 U 0 0 0 0 4 4 9

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

62610

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 3 1895
4. Place of Birth, (Street and Number) 148 Ulrich St.
5. Full Name of Mother, Norah Maloney
6. Mother's Maiden Name, Quirk
7. Mother's Birthplace, Ireland
8. Full Name of Father, James Maloney
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8 9 5 0 0 0 0 4 5 0

. J. C. Dulany Co., City Printers and Stationers.

to the Commissioner of Health, in the manner and within the period above required, and shall become the duty of the person or parents of such ... shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 3
4. *Place of Birth, (Street and Number)*	110 N. Clement St
5. *Full Name of Mother,*	Claude Moffi
6. *Mother's Maiden Name,*	I. Leland
7. *Mother's Birthplace,*	Calvert County
8. *Full Name of Father,*	W. W. Moffi
9. *Father's Occupation*	Policeman
10. *Father's Birthplace,*	Calvert Co'y
Name of Medical Attendant, or other person who makes this Return,	J. A. Bunch M.D.
Address,	511 Hanover
Remarks,	

8950000451

person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 62612 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 8rd 1895
4. Place of Birth, (Street and Number) 1719 Bailey St
5. Full Name of Mother, Emma Butler
6. Mother's Maiden Name, " Marshall
7. Mother's Birthplace, Maryland
8. Full Name of Father, John Butler
9. Father's Occupation, Clerk
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, H G Prentice

Address, 809 Gough Ave

Remarks,

8 9 5 0 0 0 0 4 5 2

M. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

Penalty for neglect. It shall be the duty of any physician or practitioner of midwifery, or other person in attendance upon the mother, immediately thereafter to report its birth to the Commissioner of Health, in the manner and within the period above required, and if it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	15th.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 4th.
4. *Place of Birth, (Street and Number)*	122. S. Fulton Av.
5. *Full Name of Mother,*	Mary. Rosendale.
6. *Mother's Maiden Name,*	14 Rosemere.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Chris Rosendale.
9. *Father's Occupation*	Furniture. Dealer.
10. *Father's Birthplace,*	Baltimore. Md.
Name of Medical Attendant, or other person who makes this Return,	Annie Lindner.
Address,	106. S. Monroe St.
Remarks,	

8 4 5 0 0 0 0 4 5 3

...ed immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...m. ; C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62614 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 4 '95
4. *Place of Birth, (Street and Number)*	10 S. Gilmor
5. *Full Name of Mother,*	Mrs. Laura M Rodgers.
6. *Mother's Maiden Name,*	" " Walter
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Harry W Rodgers
9. *Father's Occupation*	Stenographer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	T C Worthington
Address,	840 W Fayette St
Remarks,	

8 Y 5 U 0 0 0 0 4 5 4

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62615

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jany. 4 1895
4. Place of Birth, (Street and Number) 922 E. Biddle St.
5. Full Name of Mother, Margt. Caulter
6. Mother's Maiden Name, Margt. Gillings
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, William M. Caulter
9. Father's Occupation Bro-Keeper.
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, G. Henry Talbot M.D.

Address, 1111 E. Preston St

Remarks,

1895 0 0 0 0 4 5 5

Any person or persons who shall neglect or refuse to make the return required by this Section shall become the duty of the person or parents of such child to make such return, and in case there shall be no other person to make such return, or should no other person be in the opinion of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. A.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, January 4"
4. Place of Birth, (Street and Number) N 1122 Montpelier St.
5. Full Name of Mother, Julia Snyder,
6. Mother's Maiden Name, Bernhardt,
7. Mother's Birthplace, Balto Cy
8. Full Name of Father, Joseph Snyder,
9. Father's Occupation, Shoe-finisher,
10. Father's Birthplace, New York.

Name of Medical Attendant, or other person who makes this Return, [signature]

Address, 721 Columbia Ave.

Remarks,

8 4 5 U 0 0 0 4 5 6

J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-10-56

RETURN OF A BIRTH. 62617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. A.

Anna Marie ~~Hofman~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January the 4 1895
4. *Place of Birth, (Street and Number)*	Eagle st # 2026
5. *Full Name of Mother,*	Emma B Hofman
6. *Mother's Maiden Name,*	Emma B Harison
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Thomas B Hofman
9. *Father's Occupation*	Fireman
10. *Father's Birthplace,*	Stat Louisiana
Name of Medical Attendant, or other person who makes this Return,	Mess S Kelley
Address,	# 19-22 wilkins ave
Remarks,	

8 9 5 0 0 0 0 4 5 7

Cand to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH 62618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4 January 1895
4. Place of Birth, (Street and Number) 1601 Miller St
5. Full Name of Mother, Whilemina Mach
6. Mother's Maiden Name, Whilemena Plashek
7. Mother's Birthplace, Bahemia
8. Full Name of Father, James Mach
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Bahemia

Name of Medical Attendant, or other person who makes this Return, Josephian Conrad

Address, 1621 Barnes St Balt Md

Remarks,

8 4 5 0 0 0 0 4 5 8

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 62619

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child A

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race)
3. Date of Birth, 4th January 1895.
4. Place of Birth, (Street and Number) 124. Caton street.
5. Full Name of Mother, Rosi Wesdetska.
6. Mother's Maiden Name, Wesdetska.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Johan Wesdetski.
9. Father's Occupation Labrer.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Wm H. Liebmann.

Address, 1225 Hanover st.

Remarks,

8 9 5 U 0 0 0 4 5 9

Ed. J. C. Dulany Co., City Printers and Stationers.

...cease the birth of any child ... shall immediately thereafter ... practitioner of midwifery, or should no other person be in ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 11 1895
4. Place of Birth, (Street and Number) Eclaye, Alley 230
5. Full Name of Mother, Maggie Sabo
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Sabo
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Kupfer

Address, Washington st 205

Remarks,

8950000460

In case the birth of any child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62621

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 5 1895
4. Place of Birth, (Street and Number) 109 S. Durham Str.
5. Full Name of Mother, Theresia Reinnehmer
6. Mother's Maiden Name, Fischer
7. Mother's Birthplace, Balto.
8. Full Name of Father, Phillipp Reinnehmer
9. Father's Occupation Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

8 7 5 U 0 0 0 4 6 1

shall become the duty of the person or parents of such ... to the Commissioner of Health, in the manner and within the period above required, and ... no other person be in ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

n. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED 1/10/67

RETURN OF A BIRTH.

62622

A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: HARRY CHRISTOFER ~~MANGER~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	5th of January 95
4. Place of Birth, (Street and Number)	28 Stafford St.
5. Full Name of Mother,	Elisabeth Manger
6. Mother's Maiden Name,	Elisabeth King
7. Mother's Birthplace,	Malta
8. Full Name of Father,	Georg Manger
9. Father's Occupation	Bootsbauer
10. Father's Birthplace,	Malta.
Name of Medical Attendant, or other person who makes this Return,	Friederike Kessler Midwife
Address,	216 West Pratt St.
Remarks,	

8 7 5 0 0 0 0 4 6 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

62623

A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 546 E. Fort Ave

4. *Place of Birth, (Street and Number)* 5th Jany. 1895

5. *Full Name of Mother,* Margarette Magaha

6. *Mother's Maiden Name,* " Irvine

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Geo Magaha

9. *Father's Occupation,* Labor

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return Ira E. Jewell

Address, 436 E. Fort Ave

Remarks,

0 4 5 U 0 0 0 4 6 3

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 65614

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 5/95
4. Place of Birth, (Street and Number) 331 S. Bond Ste.
5. Full Name of Mother, Mary Gagel
6. Mother's Maiden Name, Odell
7. Mother's Birthplace, Balto.
8. Full Name of Father, Andrew L. Gagel
9. Father's Occupation Saloonkeeper
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Dibenhofer

Address, 2225 Gough Ste.

Remarks,

6 9 5 0 0 0 0 4 6 4

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

h. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 62625

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) F

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 5 95
4. Place of Birth, (Street and Number) 2230 Jefferson St.
5. Full Name of Mother, Kathie Grabs
6. Mother's Maiden Name, " Heise
7. Mother's Birthplace, Balto.
8. Full Name of Father, Louis Grabs
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Leisenhofer

Address, 2225 Gough St

Remarks,

8 9 5 0 0 0 0 4 6 5

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

n. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2-21-57 62626

RETURN OF A BIRTH.

A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	Bradley David Halley
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eight
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1895 January fifth
4. *Place of Birth, (Street and Number)*	865 Greenmount Ave
5. *Full Name of Mother,*	Mary Jane Halley
6. *Mother's Maiden Name,*	Mary Jane Brown
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Charlie Franklin Halley
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace,*	Frederick City Md
Name of Medical Attendant, or other person who makes this Return,	Mrs Annie O'Brien
Address,	881 Greenmount Ave
Remarks,	

8 4 5 0 0 0 0 4 6 6

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

H. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

62627

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Boy William George
4.2.7 41/2/20
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 5th 1895
4. Place of Birth, (Street and Number) 1902 Payson St.
5. Full Name of Mother, Annie Catherine Boylan
6. Mother's Maiden Name, Annie Catherine McCormick
7. Mother's Birthplace, Baltimore City Md.
8. Full Name of Father, Francis Markey Boylan
9. Father's Occupation, Machinist
10. Father's Birthplace, Mt Jackson Virg.

Name of Medical Attendant, or other person who makes this Return. James A. Zepp M.D.

Address, N.E. Cor. Smith Ave. and Pinkett St.

Remarks,

8950000467

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 63628

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	5th of January 95
4. *Place of Birth, (Street and Number)*	312 Forrest St.
5. *Full Name of Mother,*	Martha Kanbowski
6. *Mother's Maiden Name,*	Martha Schroeder
7. *Mother's Birthplace,*	Pole
8. *Full Name of Father,*	Carle Kanbowski
9. *Father's Occupation*	Laber
10. *Father's Birthplace,*	Pole
Name of Medical Attendant, or other person who makes this Return,	Sienerike Heuler Midwife
Address,	216 West Pratt St.
Remarks,	

8 7 5 0 0 0 0 4 6 8

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

62629

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 5 1895
4. *Place of Birth, (Street and Number)* Bennett ct 403
5. *Full Name of Mother,* Barbara Dorsey
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Frank Dorsey
9. *Father's Occupation* Shoe Maker
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Kinsella

Address, 4 Washington ct, 205

Remarks,

8 7 5 U 0 0 0 4 6 9

Wm. J. C. Dulany Co., City Printers and Stationers

...case the birth of any child ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, January 5, 1895.
4. Place of Birth, (Street and Number) 2412 Mt. Vernon av.
5. Full Name of Mother, Annie L. Bisker.
6. Mother's Maiden Name, Eifert.
7. Mother's Birthplace, Pa.
8. Full Name of Father, Martin L. L. Bisker.
9. Father's Occupation Blacksmith.
10. Father's Birthplace, Pa.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut av.

Remarks,

Penalty to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Thos. J. C. Dulany Co., City Printers and Stationers.

8 Y 5 0 0 0 0 4 7 0

RETURN OF A BIRTH. 63631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* January 5, 1895.
4. *Place of Birth, (Street and Number)* Hubbuldingdon ave.
5. *Full Name of Mother,* Agnes Hare.
6. *Mother's Maiden Name,* Hare.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Harvey Wilson Hare.
9. *Father's Occupation* Molderman.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 x 5 U 0 9 0 4 7 1

J. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62632

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 5th 1895
4. Place of Birth, (Street and Number) 928 N. Saratoga St
5. Full Name of Mother, Minna Steuben
6. Mother's Maiden Name, Minna Schuman
7. Mother's Birthplace, Germany
8. Full Name of Father, George Steuben
9. Father's Occupation Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Rho Minnie Graf

Address, 206 N. Schroeder St

Remarks,

8 7 5 0 0 0 0 4 7 2

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

n. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-28-58

RETURN OF A BIRTH. 62633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edward Wilson Dorsey

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 6, 1895
4. *Place of Birth, (Street and Number)* 1313 W. Lanvale St.
5. *Full Name of Mother,* Lydia J Dorsey
6. *Mother's Maiden Name,* Lydia J. Appleby
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William H. Dorsey
9. *Father's Occupation,* Life Insurance Agent.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke, M.D.

Address, 914 N. Charles St.

Remarks,

8 7 5 U 0 0 0 4 7 3

The midwife upon the mother, immediately thereafter it shall become the duty of practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 66634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 to A.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6 January 1895
4. Place of Birth, (Street and Number) 1927 Hiscox St
5. Full Name of Mother, Maggi Scallons
6. Mother's Maiden Name, Maggi Seneman
7. Mother's Birthplace, Baltimore MD
8. Full Name of Father, Charli Scallons
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore MD

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S. Washington St

Remarks,

8950000474

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62635

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 6/95
4. Place of Birth, (Street and Number) 209 S. Wolfe Str.
5. Full Name of Mother, Kathie Brocksmith
6. Mother's Maiden Name, Lautz
7. Mother's Birthplace, Balto.
8. Full Name of Father, Henry Brocksmith
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough Str.

Remarks,

8950000475

...and to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...m. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED 3-21-55

RETURN OF A BIRTH. 62636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ethel Lee ~~Holland~~ H.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 6/95
4. Place of Birth, (Street and Number) 444 So. Mount St.
5. Full Name of Mother, Mamie E. Hilland
6. Mother's Maiden Name, Roby
7. Mother's Birthplace, Carroll Co. Md.
8. Full Name of Father, Ed. F. Hilland
9. Father's Occupation Conductor St. R. Co.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, J. F. Christian M.D.

Address, 181 Madison Ave.

Remarks,

8 9 5 0 0 0 0 4 7 6

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d. A.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 6. (7 o'clock P. M.)
4. Place of Birth, (Street and Number) 2007 Windsor Street, E. Balto.
5. Full Name of Mother, Elizabeth Caroline Freet,
6. Mother's Maiden Name, Vetters.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, John Henry Freet,
9. Father's Occupation Laborer.
10. Father's Birthplace, Littletown - P.

Name of Medical Attendant, or other person who makes this Return, Mrs. McKaun

Address, (Mothers Relief Society) 961 Milton Place

Remarks,

8 7 5 0 0 0 0 4 7 7

...shall become the duty of the person or parents of such ... hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...n, J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65698 A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 6th 1893
4. *Place of Birth, (Street and Number)* 130 S Exeter St
5. *Full Name of Mother,* Fannie Snyder
6. *Mother's Maiden Name,* Fannie Kaplan
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Meyer Snyder
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Feldman

Address, 1813 E Lombard St.

Remarks,

8 7 5 0 0 0 0 4 7 8

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female — A.
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 6 1895
4. Place of Birth, (Street and Number) 1627 Orleans E
5. Full Name of Mother, Josephine Facer —
6. Mother's Maiden Name, " Haynie
7. Mother's Birthplace, Virginia
8. Full Name of Father, William H. Facer —
9. Father's Occupation, Collector —
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, J. J. Gluck.

Address, 1435 Orleans E

Remarks,

8 4 5 U 0 0 0 4 7 9

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2 nr

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. Sex, (state whether male or female) ..... Male
2. Race or Color, (if not of the white race) ..... White
3. Date of Birth, ... 6th of January 95
4. Place of Birth, (Street and Number) ..... 428 Frederick Road
5. Full Name of Mother, ... Maria Haubt
6. Mother's Maiden Name, ... Maria Schäfer
7. Mother's Birthplace, ... Germany
8. Full Name of Father, ... Friedrich Haubt
9. Father's Occupation ..... Butcher
10. Father's Birthplace, ... Germany

Name of Medical Attendant, or other person who makes this Return, ... Friederike Keuler Midwife

Address, ... 216 West Pratt St.

Remarks, ...

† 8 9 5 0 0 0 0 4 8 0

Wm. J. C. Dulany Co., City Printers and Stationers.

In case the birth of any child upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62641

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 6 1895
4. Place of Birth, (Street and Number) Fayette & 28 W
5. Full Name of Mother, Elizabeth Cloning
6. Mother's Maiden Name, Boarman
7. Mother's Birthplace, Point Cloning
8. Full Name of Father, Talor
9. Father's Occupation Town
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Mary Boyle

Address, at Washington st 205

Remarks, 8 4 5 U 0 0 0 4 8 1

In case the birth of any child to occur in practice of midwifery, or should no other person be in attendance, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 6-7-5-4

RETURN OF A BIRTH. 63642 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Margaret Anne Kern.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 7 — 1895
4. Place of Birth, (Street and Number) 926 Harmony Alley
5. Full Name of Mother, Kate Kern
6. Mother's Maiden Name, Ross
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Kern
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who made this Return Mary Stein

Address 1429 E Pratt St.

Remarks,

8 7 5 U 0 0 0 4 8 2

...to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...m. J. C. Dulany Co., City Printers and Stationers.

Grn

RETURN OF A BIRTH. 62643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 7 1895
4. Place of Birth, (Street and Number) 237 S. Gay St.
5. Full Name of Mother, Laura C. Skillman
6. Mother's Maiden Name, Gray
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert A. Skillman
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St

Remarks, Name of Child: Annie Ellen Skillman

18950000483

Wm. J. C. Dulany Co., City Printers and Stationers.

The physician, midwife or other person in charge of any case of midwifery, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62644

CERTIFICATE CORRECTED 3-13-37

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: MARGARET ~~LAVERY~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 7/35
4. Place of Birth, (Street and Number) 408 E. Eden Ste.
5. Full Name of Mother, Annie (Lavery) LAVERY
6. Mother's Maiden Name, " Mittenhart
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. W. (Lavery) LAVERY
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. Dennebolen

Address, 2225 Gough Ste.

Remarks,

1895000000484

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62645

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	White Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 7th
4. *Place of Birth, (Street and Number)*	3 a St. Schroder St
5. *Full Name of Mother,*	Bell Devereux
6. *Mother's Maiden Name,*	" Hamilton
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Louis Devereux
9. *Father's Occupation*	Iron Moulder
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	
Address,	
Remarks,	

8 9 5 U 0 0 0 4 8 5

Wm. J. C. Dulany Co., City Printers and Stationers.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62646 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 7 1925
4. *Place of Birth, (Street and Number)* 1703 Eutaw St
5. *Full Name of Mother,* Ada M Hill
6. *Mother's Maiden Name,* Brooks
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Thomas L Hill
9. *Father's Occupation* Steel Inspector
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. Dr E L Brooks

Address, 525 Eutaw St

Remarks, Born Well

Wm. J. C. Dulany Co., City Printers and Stationers.

0750000486

child to report its birth to the Commissioner of Health, immediately thereafter. If shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, immediately thereafter, or should no other person be in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 7. (9 o'clock P. M.)
4. Place of Birth, (Street and Number) 1240 Columbia Ave.
5. Full Name of Mother, Katie Magaha,
6. Mother's Maiden Name, Hoffman
7. Mother's Birthplace, Cincinnati - Ohio.
8. Full Name of Father, Charles Dallas Magaha.
9. Father's Occupation, Laborer
10. Father's Birthplace, Loudon - Va.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kane

Address, Mother's Relief Society, 961 Milton Place

Remarks,

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 5 0 0 0 0 4 8 7

RETURN OF A BIRTH. 63648

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 7. (1, 10. A. M.)
4. Place of Birth, (Street and Number) 22 Gould's Lane, E. Balto.
5. Full Name of Mother, Katie Boston,
6. Mother's Maiden Name, Burns
7. Mother's Birthplace, Iceland
8. Full Name of Father, Georg William Boston
9. Father's Occupation Labourer.
10. Father's Birthplace, Accomac Co. Va

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kane,

Address, Mother Relief Society / 961 Milton Place

Remarks,

8 4 5 U 0 0 0 4 8 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 7 1895
4. *Place of Birth, (Street and Number)* S Bond st 601
5. *Full Name of Mother,* Ludwiga Weismant
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Geo Weismant
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Keyser

Address, N Eutaw st 106

Remarks,

8 9 5 0 0 0 0 4 8 9

Attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62650 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Thomas Butler 5th
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	January 7th 1895
4. *Place of Birth, (Street and Number)*	China street 619
5. *Full Name of Mother,*	Mary Butler
6. *Mother's Maiden Name,*	Mary Dyson
7. *Mother's Birthplace,*	Saint Marys Co Md
8. *Full Name of Father,*	Thomas Butler
9. *Father's Occupation,*	Working in Coal
10. *Father's Birthplace,*	Prince George Co Md
Name of Medical Attendant, or other person who makes this Return.	Annie Johnson
Address,	1012 Plum Alley Annie Johnson
Remarks,	Fifth Child

8 7 5 U 0 0 0 4 9 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 62657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) This 4 Child. A.

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Jan 7. 1895.
4. Place of Birth, (Street and Number) Balto Cathcart St 1005.
5. Full Name of Mother, Fannie E Lethroum.
6. Mother's Maiden Name, Fannie E Schaller.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Peter C. Lethroum.
9. Father's Occupation, Carpenter.
10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs Mary L Stockum

Remarks, 731 Cornwallis Lane St

18950000491

Wm. J. C. Dulany Co., City Printers and Stationers.

Without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 6265

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 7th Jan 95

4. *Place of Birth, (Street and Number)* 540 E. Fort Ave

5. *Full Name of Mother,* Sallie Geiger

6. *Mother's Maiden Name,* " Burkheit

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* John G. Geiger

9. *Father's Occupation,* Labor

10. *Father's Birthplace,* " Germany

Name of Medical Attendant, or other Person who makes this Return Mrs C. Agnew

Address, 436 E Fort Ave

Remarks,

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

8950000492

RETURN OF A BIRTH 62653

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) —
3. Date of Birth, January 7th 1895
4. Place of Birth, (Street and Number) Walbrook Ave. Walbrook City
5. Full Name of Mother, Kate Bartol Hitchcock
6. Mother's Maiden Name, Kate Bartol
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Chas. Edward Hitchcock
9. Father's Occupation, Book-Keeper
10. Father's Birthplace, Harford Grace

Name of Medical Attendant, or other person who makes this Return. James A. Lynch M. D.

Address, N. E. Cor. North ave. and Ninth St. City

Remarks,

8 9 5 U 0 0 0 4 9 3

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

62654
A.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black.
3. *Date of Birth,* January 7, 1895.
4. *Place of Birth, (Street and Number)* The Lying-in Hospital - 622 W Lombard
5. *Full Name of Mother,* Cornelia Edwards
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Harry K Arthur MD.

Address, 622 W Lombard St.

Remarks,

8950000494

Wm. J. C. Dulany Co., City Printers and Stationers.

In case the birth of any child shall occur in the absence of the physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62655 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White.

3. *Date of Birth,* January 7, 1895

4. *Place of Birth, (Street and Number)* Free Lying-in Hospital - 622 W. Lombard

5. *Full Name of Mother,* Minnie Toff.

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Geo. N. Arthur M.D.

Address, 622 W. Lombard St

Remarks,

1895 0000495

In case the birth of any child shall occur in a hospital or other institution, or in the absence of any physician or practioner of midwifery, it shall be the duty of the person in charge of such institution or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

65656 A.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

In case the birth of any child is not reported by a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 4 1895
4. *Place of Birth, (Street and Number)* St Vincents Infant Asylum
5. *Full Name of Mother,* Nellie Johnson
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Not known
9. *Father's Occupation* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return, R. Le. Rasin M. D.

Address, 6ex N. Aisquith

Remarks,

8750000496

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 8/94
4. Place of Birth, (Street and Number) 227 Jefferson St.
5. Full Name of Mother, Emma Bien
6. Mother's Maiden Name, Weber
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Bien
9. Father's Occupation Butcher
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Wm Deisenhofer

Address, 2225 Gough St.

Remarks,

8 9 5 U 0 0 0 4 9 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

...case the birth of any child ... of practioner of midwifery, or should no other person be in ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65658

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Jan 8 1895
4. *Place of Birth, (Street and Number)* Back, C & 937
5. *Full Name of Mother,* Mary Brazak
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Frank Brazak
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Mrs. B.

Address, 937 Washington Ave

Remarks,

8 4 5 U 0 0 0 4 9 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62659

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan. 8th 1895
4. *Place of Birth, (Street and Number)* Woodberry Ave. West Woodberry
5. *Full Name of Mother,* Victoria R. Morrison
6. *Mother's Maiden Name,* Victoria R. Belchner
7. *Mother's Birthplace,* Carroll Co. Md.
8. *Full Name of Father,* John F. Morrison
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balt. Co. Md

Name of Medical Attendant, or other person who makes this Return. Geo. T. Shower, M.D.

Address, 421 Roland Ave.

Remarks,

8 9 5 U 0 0 0 4 9 9

Wm J. C. Dulany Co., City Printers and Stationers.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 6266

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 8th 1895
4. Place of Birth, (Street and Number) #290 Old York Road
5. Full Name of Mother, Jennie B. Blatchley
6. Mother's Maiden Name, " " McCauley.
7. Mother's Birthplace, Baltimore Co. Md.
8. Full Name of Father, George H. Blatchley
9. Father's Occupation, Fireman.
10. Father's Birthplace, Baltimore Co. Md.

Name of Medical Attendant, or other person who makes this Return, R. L. Rankin. M.D.

Address, Waverly Avenue.

Remarks,

1895 U 0000500

Wm. J. C. Dulany Co., City Printers and Stationers.

The mother, immediately thereafter if shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 6266 A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Geboren January 8/ 95
4. Place of Birth, (Street and Number) Thames str. No 1621.
5. Full Name of Mother, Line Bagrowska
6. Mother's Maiden Name, Medken Rewerska
7. Mother's Birthplace, Poland
8. Full Name of Father, Maijk Rewers.
9. Father's Occupation, Poland
10. Father's Birthplace, Roland.

Name of Medical Attendant, or other person who makes this Return, Agnes Hedelna.

Address, Thames str. No 1635.

Remarks, Lyst.

8 9 5 0 0 0 0 5 0 1

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

62662 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 4 1875
4. Place of Birth, (Street and Number) 1116 N. Spring Ave.
5. Full Name of Mother, Elizabeth Hill
6. Mother's Maiden Name, Elizabeth Kemper
7. Mother's Birthplace, Maryland.
8. Full Name of Father, George L. Hill
9. Father's Occupation Fireman
10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return, Dr. H. Elwell M.D.

Address, 1111 Harford Ave.

Remarks,

8950000502

Wm. J. C. Dulany Co,. City Printers and Stationers.

...ance upon the mother, immediately thereafter, or should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62663

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan 9th 1895
4. Place of Birth, (Street and Number)	1311 Hanover St
5. Full Name of Mother,	Mollie Blumenaur
6. Mother's Maiden Name,	Henderson
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Fredk Blumenaur
9. Father's Occupation	Telegraph Operator
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Leo Rhalaw MD
Address,	725 Columbia ave
Remarks,	

8950000503

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 62664

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 9, 1895
4. *Place of Birth, (Street and Number)* Johnson + Cross St
5. *Full Name of Mother,* Mary E. Thompson.
6. *Mother's Maiden Name,* Mary E. Chaney.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frederick S. Thompson.
9. *Father's Occupation,* Huckster.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke, M.D.

Address, 914 N. Charles St

Remarks,

8 7 5 U 0 0 0 5 0 4

J. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62665

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 9th 1895
4. *Place of Birth, (Street and Number)*	1st Ave. near Cedar, Hampden
5. *Full Name of Mother,*	Emma M. Nicholson
6. *Mother's Maiden Name,*	Emma M. Lambert
7. *Mother's Birthplace,*	Balt. Co. Md.
8. *Full Name of Father,*	Joseph C. Nicholson
9. *Father's Occupation,*	Employee B. C. P. R. R. Co.
10. *Father's Birthplace,*	Baltimore, Md.
Name of Medical Attendant, or other person who makes this Return.	Geo. T. Thower, M. D.
Address,	421 Roland Ave. Hampden.
Remarks,	

8 9 5 0 0 0 0 5 0 5

In case the birth of any child upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) W. hite
3. Date of Birth, Jan 4 1895
4. Place of Birth, (Street and Number) Bayttle at 2126
5. Full Name of Mother, Teresia Conrad
6. Mother's Maiden Name, Sommer
7. Mother's Birthplace,
8. Full Name of Father, Frederick Conrad
9. Father's Occupation Sailor
10. Father's Birthplace, Saxon

Name of Medical Attendant, or other person who makes this Return, Mary Watts

Address, 1 N Washington ave

Remarks,

8 7 5 0 0 0 0 5 0 6

shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

62667 A

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, the 9th of January
4. Place of Birth, (Street and Number) 624 Leadenhall Str.
5. Full Name of Mother, Katharina Bielenkaspe
6. Mother's Maiden Name, K. Fuchs
7. Mother's Birthplace, Germany
8. Full Name of Father, Johannes Bielenkaspe
9. Father's Occupation Piano maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Katie Münch

Address, 800 Leadenhall Street.

Remarks,

8750000507

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH 65668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9 January 1895
4. Place of Birth, (Street and Number) 925 Dallas St
5. Full Name of Mother Mary Malka
6. Mother's Maiden Name, Mary Zetmak
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Michal Malka
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Josephean Conrad

Address, 1621 Barnes St Balt Md

Remarks,

8 9 5 0 0 0 0 5 0 8

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62669

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 10 95
4. *Place of Birth, (Street and Number)* 102 N. Eden St.
5. *Full Name of Mother,* Martina Geoghegan
6. *Mother's Maiden Name,* " Shenton
7. *Mother's Birthplace,* Dorchester Co. Md.
8. *Full Name of Father,* James. Geoghegan
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Dorchester Co. Md.

Name of Medical Attendant, or other person who makes this Return, Wm. Eisenhofer

Address, 2225 Gough St.

Remarks,

8 9 5 0 0 0 0 5 0 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 62670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 10 95
4. Place of Birth, (Street and Number) 632 S. Montford Ave.
5. Full Name of Mother, Kathie Nieberlein
6. Mother's Maiden Name, " Stockman
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Nieberlein
9. Father's Occupation Laberer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

8950000510

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62671

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 [illegible]

1. *Sex, (state whether male or female)* [illegible]
2. *Race or Color, (if not of the white race)* [illegible]
3. *Date of Birth,* [illegible]
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* [illegible]
9. *Father's Occupation* [illegible]
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks, [illegible]

attendance of a physician or practitioner of midwifery. In case the birth of any child shall occur without the attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

0 4 5 0 0 0 0 5 1 1

RETURN OF A BIRTH. 62672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan. 10. 1895.
4. Place of Birth, (Street and Number) 2234 Guilford Ave
5. Full Name of Mother, Mary F. Coad
6. Mother's Maiden Name, Blandford
7. Mother's Birthplace, Md.
8. Full Name of Father, Robert M. Coad
9. Father's Occupation Traveling Agent
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, G. Lane Taneyhill

Address, 1103 Madison ave.

Remarks,

8 9 5 0 0 0 0 5 1 2

Wm. J. C. Dulany Co., City Printers and Stationers

Attendance without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and the child to report its birth to the Commissioner of Health. In case the birth of any child any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62673 A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 10 January 1875
4. Place of Birth, (Street and Number) ~~Dolphin~~ 528 N Castle St
5. Full Name of Mother, Anna M L Ebert
6. Mother's Maiden Name, Anna M L Abrahamson
7. Mother's Birthplace, Philadelphia Pa.
8. Full Name of Father, Peter Ebert
9. Father's Occupation Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Louise Lohra

Address, 1010 Durham St

Remarks,

8 9 5 0 0 0 0 5 1 3

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5te
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	10th of January 95
4. *Place of Birth, (Street and Number)*	339. Forrest St.
5. *Full Name of Mother,*	Virginie Maile
6. *Mother's Maiden Name,*	Virginie Sorg
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Maile
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return	Friederike Heuler Midwife
Address,	216 West Pratt St
Remarks,	

6750000514

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 19 1895
4. Place of Birth, (Street and Number) Fairmont ave 1915
5. Full Name of Mother, Sophia Victoria Jane
6. Mother's Maiden Name, Garmen
7. Mother's Birthplace,
8. Full Name of Father, William Victor Jane
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary McGinn

Address, 1 W Lexington

Remarks,

8450000515

Wm. J. C. Dulany Co., City Printers and Stationers

shall occur without the attendance of a physician or practioner of midwifery, and the attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, January 10th.
4. Place of Birth, (Street and Number) No. 705 Ramsey St.
5. Full Name of Mother, Anna Waxelberger
6. Mother's Maiden Name, Knapp.
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph Waxelberger
9. Father's Occupation, Silversmith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Rose Waxelberger

Address, 721 Columbia Ave.

Remarks,

875 0 0 0 0 5 1 6

Wm J C. Dulany Co., City Printers and Stationers.

...the birth of any child ... practitioner of midwifery, or should no other person be in ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Fml
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 19 1895
4. *Place of Birth, (Street and Number)* Orleans st 1834
5. *Full Name of Mother,* Katie Sauer
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germen
8. *Full Name of Father,* Albert Sauer
9. *Father's Occupation* Tiber
10. *Father's Birthplace,* Germen

Name of Medical Attendant, or other person who makes this Return, Mary Kayton

Address, N Washington st 205

Remarks,

8 9 5 0 0 0 0 5 1 7

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Statsoners

RETURN OF A BIRTH. 62678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 10 1895
4. Place of Birth, (Street and Number) 13 Castle st
5. Full Name of Mother, Mary E. Etzel
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, John Etzel
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Kapetas

Address, 21 Washington Ave.

Remarks,

8 4 5 0 0 0 0 5 1 8

shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 15 1903
4. Place of Birth, (Street and Number) 1957 Light st
5. Full Name of Mother, Anna M Feely
6. Mother's Maiden Name, " " McBarnett
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Feely
9. Father's Occupation Saloon Keeper
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs E A Bowles

Address, 1808 Light st

Remarks, Drug Well

64500000519

Wm. J. C. Dulany Co., City Printers and Stationers.

Attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62680 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Geboren. January 10/95.
4. *Place of Birth, (Street and Number)* Lancaster Str. No 1712.
5. *Full Name of Mother,* Hegi Helenska.
6. *Mother's Maiden Name,* Jan Nowakoski
7. *Mother's Birthplace,* Poland.
8. *Full Name of Father,* Dzian Nowakoski
9. *Father's Occupation,* Poland
10. *Father's Birthplace,* Poolland.

Name of Medical Attendant, or other person who makes this Return, Agnes Stodolna.

Address, Thames St. No 1635

Remarks, Lyst.

8950000520

Wm J C. Dulany Co., City Printers and Stationers.

Attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62681

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 10 95
4. Place of Birth, (Street and Number) 415 N. Patterson Park Ave.
5. Full Name of Mother, Mina Geller
6. Mother's Maiden Name, " Behrens
7. Mother's Birthplace, Balto.
8. Full Name of Father, Theodore Geller
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer

Address, 2225 Gough St.

Remarks,

8950000521

attendance of a physician or practitioner of midwifery, at the birth of any child, it shall be the duty of the Commissioner of Health to see the first and attendance upon the mother, immediately thereafter. In case the birth of any child child to report its birth to the Commissioner of Health, or should no other person be in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62682 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan. 16 — 1896
4. Place of Birth, (Street and Number) 31 S. Dallas St.
5. Full Name of Mother, Annie Brown
6. Mother's Maiden Name, Robins
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Brown
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8950000522

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62683

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st "

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 11th 1895

4. Place of Birth, (Street and Number) 518 Brune St

5. Full Name of Mother, Mary Bichy

6. Mother's Maiden Name, Mary Reily

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Charles S. Reily

9. Father's Occupation, Driver

10. Father's Birthplace, Baltimore md.

Name of Medical Attendant, or other person who makes this Return, Miss Minnie Graf

Address, 2061 Belvidere St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8750000523

From the attendance of a physician or practitioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62684

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January the 11 1895
4. *Place of Birth, (Street and Number)*	Pratt st 17 31
5. *Full Name of Mother,*	Katy heath
6. *Mother's Maiden Name,*	Katy Lager
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Richard heath
9. *Father's Occupation*	Barber
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs S Shelley
Address,	19 22 Milton Av
Remarks,	

8 9 5 0 0 0 0 5 2 4

Every birth shall be reported daily, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Statsouers

RETURN OF A BIRTH. 62685

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 to.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 11 to
4. *Place of Birth, (Street and Number)*	1910 Lemon st.
5. *Full Name of Mother,*	Lizzie M. Graham
6. *Mother's Maiden Name,*	" " " Liddick
7. *Mother's Birthplace,*	Baltimore,
8. *Full Name of Father,*	James H. Graham.
9. *Father's Occupation*	Labor.
10. *Father's Birthplace,*	Gordonsville, Va.
Name of Medical Attendant, or other person who makes this Return,	Dr. Annie Lindner.
Address,	106. E. Monroe st.
Remarks,	

8 9 5 U 0 0 0 5 2 5

Wm. C. Dulany Co., City Printers and Stationers.

Each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62686

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* 11 2 05
4. *Place of Birth, (Street and Number)* Durham st 112
5. *Full Name of Mother,* Mary Hofmann
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Saxon
8. *Full Name of Father,* William Hofmann
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible] 203

Remarks,

8 4 5 U 0 0 0 5 2 6

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED. 12-4-56

62687 A.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ida Isaac

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Living

1. Sex, (state whether male or female) Baby girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 11 1922
4. Place of Birth, (Street and Number) 1119 E Pratt St
5. Full Name of Mother, Rebecca Isaac
6. Mother's Maiden Name, Rebecca Schapiro
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis Isaac
9. Father's Occupation Story keeper
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mary Feldman

Address, 913 E Lombard St.

Remarks,

18 50000527

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* W. hite
3. *Date of Birth,* Jan 11 1896
4. *Place of Birth, (Street and Number)* Washington st 955
5. *Full Name of Mother,* Annie Faulkner
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Frank Faulkner
9. *Father's Occupation* Shoe Maker
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Coffee

Address, 955 Washington

Remarks,

8 9 5 0 0 0 0 5 2 8

shall occur without the attendance of a physician or practioner in the form of a certificate between the first and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62689.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 11 1895
4. *Place of Birth, (Street and Number)* Presidente St 217
5. *Full Name of Mother,* Fanny Wadsworth
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Michael Wadsworth
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Hyatt

Address, 17 Washington 205

Remarks,

8 4 5 0 0 0 0 5 2 9

Wm. J. C. Dulany Co., City Printers and Stationers

shall occur without the attendance of a physician or practioner of midwifery, in the case and place of birth; and the attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62 691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 A.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 11th 1895
4. *Place of Birth, (Street and Number)*	#1702 Hoffman Place City
5. *Full Name of Mother,*	Georgania Richards
6. *Mother's Maiden Name,*	" " Gorman
7. *Mother's Birthplace,*	Baltimore Co Md.
8. *Full Name of Father,*	William R. Richards
9. *Father's Occupation*	Stone Mason
10. *Father's Birthplace,*	Baltimore Co. Md
Name of Medical Attendant, or other person who makes this Return,	R. G. Rankin M.D
Address,	Hanover Annex
Remarks,	

6 7 5 U 0 0 0 0 5 3 0

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 3-22-57

RETURN OF A BIRTH 62691 A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lillian Elizabeth Lewin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd "

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 11. 1895
4. Place of Birth, (Street and Number) Calvin Ave. Annex
5. Full Name of Mother, Christina Lewin
6. Mother's Maiden Name, " Burnett
7. Mother's Birthplace, Scotland
8. Full Name of Father, Chas. Lewin
9. Father's Occupation. Motorman
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. H. G. Quentin.

Address, 809 Gough Ave.

Remarks,

8 9 5 U 0 0 0 5 3 1

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

62692

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male A

2. Race or Color, (if not of the white race)

3. Date of Birth, 11th Jan 93

4. Place of Birth, (Street and Number) 1442 Richardson St

5. Full Name of Mother, Margeratte Harvey

6. Mother's Maiden Name, " Collins

7. Mother's Birthplace, Portsmouth Va

8. Full Name of Father, Zachariah Harvey

9. Father's Occupation, Laborer

10. Father's Birthplace, Caroline Co Md

Name of Medical Attendant, or other Person who makes this Return Chas E. Powell

Address, 436 E. Fort Ave

Remarks,

CITY PRINTERS AND STATIONERS.

8950000532

day of each and every month to the office of the Registrar, by the practitioner, in the form of a certificate hereto annexed, and no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health. In case the child should not occur without the attendance of a physician, or of a practitioner of midwifery, or any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 65693

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 12th June 95
4. Place of Birth, (Street and Number) 424 Sanders St
5. Full Name of Mother, Margarette Linthicum
6. Mother's Maiden Name, " Russell
7. Mother's Birthplace, Balto
8. Full Name of Father, Samuel Linthicum
9. Father's Occupation, Stock Carpenter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Chas E. Yewell

Address, 436 E. Fort Ave

Remarks,

shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1895U000533

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62694

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 14th 1895
4. Place of Birth, (Street and Number) 1129 N. Calhoun
5. Full Name of Mother, Katie George
6. Mother's Maiden Name, " " Stevens
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Andrew George
9. Father's Occupation Fresco Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. Thomas Graf

Address, 206 N. Schroeder St

Remarks,

8950000534

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 11-25-49

RETURN OF A BIRTH. 62695

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles E. ~~M. Schaltz~~ Jr

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12 January 1915
4. Place of Birth, (Street and Number) 715 Durham St
5. Full Name of Mother, Fine Schultz
6. Mother's Maiden Name, Fine Klamm
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Welcom Schultz
9. Father's Occupation Lawyer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S Washington St

Remarks,

8 7 5 0 0 0 0 5 3 5

Every birth must be reported by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62696

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 12th 1895
4. Place of Birth, (Street and Number) 536 Dolphin St
5. Full Name of Mother, Mary R Vandamike
6. Mother's Maiden Name, Daily
7. Mother's Birthplace, Balto
8. Full Name of Father, Aloysa Vandamike
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Chas E Sydlebower MD

Address, 1839 Boston St

Remarks,

8 7 5 U 0 0 0 5 3 6

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 12 95
4. *Place of Birth, (Street and Number)* 2024 Pleasant Alley
5. *Full Name of Mother,* Sophia Mueller
6. *Mother's Maiden Name,* " Dressel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Mueller
9. *Father's Occupation* Cooper
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Diesenhofer

Address, 2225 Gough St.

Remarks,

8 9 5 0 0 0 0 5 3 7

shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH 62698 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 12 1895
4. *Place of Birth, (Street and Number)* 327 Fawcett St
5. *Full Name of Mother,* Emma Jane Jennings
6. *Mother's Maiden Name,* Emma Jane Johnson
7. *Mother's Birthplace,* Baltimore City of Maryland
8. *Full Name of Father,* William Jennings
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Anne Arundel County

Name of Medical Attendant, or other person who makes this Return. Mary Hensley

Address,

Remarks, ll

8 9 5 0 0 0 0 5 3 8

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 62699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 12 1925
4. *Place of Birth, (Street and Number)* 1700 E Eutaw St
5. *Full Name of Mother,* Mary Cook
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frederick Cook
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Dr J E Bradley

Address, 1522 Light St

Remarks, Living

8 4 5 U 0 0 0 5 3 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62700 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Maria Zwicker

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First child
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	12th January 1895
4. Place of Birth, (Street and Number)	1544 N. Wolfe st
5. Full Name of Mother,	Mary Zwicker
6. Mother's Maiden Name,	Mary Ditz
7. Mother's Birthplace,	Lauterbach, Oberhessen, Germany.
8. Full Name of Father,	William F. Zwicker
9. Father's Occupation,	Baker.
10. Father's Birthplace,	Wurtenberg Germany.
Name of Medical Attendant, or other person who makes this Return,	
Address,	1635
Remarks,	GIVEN NAME ADDED. 6-17-53 A.M.

shall occur without the attendance of a physician or practicer of Health. In case the first and attendance upon the mother, immediately thereafter it shall become the duty of the person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 5 0 0 0 0 5 4 0

shall occur without the attendance of a physician or practioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62701 A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 12 1898
4. *Place of Birth, (Street and Number)* 114 Rose St
5. *Full Name of Mother,* Minnie Myers
6. *Mother's Maiden Name,* Minnie Reiser
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Myers
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 824 Caxton St.

Remarks,

1895000005411

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 10-29-63

RETURN OF A BIRTH 62712

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Helena Moerken

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	sixth
1. Sex, (State whether male or female)	female
2. Race or color, (if not of the white race)	white
3. Date of Birth,	12th January 1895
4. Place of Birth, (Street and Number)	1112 Scott St
5. Full Name of Mother,	Lina (~~Hoiken~~) Moerken
6. Mother's Maiden Name,	Stamberger
7. Mother's Birthplace,	Washington D. C.
8. Full Name of Father,	Henry (~~Hoiken~~) Moerken
9. Father's Occupation,	Cabinet Maker
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mary Kestler
Address,	1005 W. Cross St
Remarks,	

8 Y 5 0 0 0 0 5 4 2

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 62703

CERTIFICATE CORRECTED 6-22-46

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John George ~~Fuchs~~

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 12/95 1895
4. Place of Birth, (Street and Number) 11 S. Ann St.
5. Full Name of Mother, Anna C. (~~Fuchs~~) Fuchs
6. Mother's Maiden Name, Preller
7. Mother's Birthplace, Germany
8. Full Name of Father, Konrad Fuchs
9. Father's Occupation Taylor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

8 9 5 U 0 0 0 5 4 3

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 62704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 13/95
4. *Place of Birth, (Street and Number)* 1901 Fairmount Ave.
5. *Full Name of Mother,* Carey Cooper
6. *Mother's Maiden Name,* " Brune
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Kalfin Cooper
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

8950000544

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 13 '95
4. Place of Birth, (Street and Number) 323 Bayview Ave
5. Full Name of Mother, Grace LeCompte
6. Mother's Maiden Name, Haywood
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Francis LeCompte
9. Father's Occupation Engineer Lafayette
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Sandusky Miller

Address, 1005 Baltimore St

Remarks,

8 Y 5 U 0 0 0 5 4 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 13 th.
4. Place of Birth, (Street and Number) 202 Wilhelm st.
5. Full Name of Mother, Maggie Kenney
6. Mother's Maiden Name, " Schmitt
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Chas. Kenney
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Emma Gindner.

Address, 106 S. Monroe St.

Remarks,

8 7 5 U 0 0 0 5 4 6

Wm. J. C. Dulany Co., City Printers and Stationers

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62707 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. Sex, (state whether ~~male~~ X or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 13 - 1895
4. Place of Birth, (Street and Number) 1052 N. Broadway
5. Full Name of Mother, Johanna F. Krantz
6. Mother's Maiden Name, " " Steinmann
7. Mother's Birthplace, Baltimore city
8. Full Name of Father, John C. Krantz
9. Father's Occupation Druggist
10. Father's Birthplace, Baltimore city

Name of Medical Attendant, ~~or other person who~~ makes this Return, Geo F. Laylor M.D

Address, 1254 N. Broadway

Remarks,

8 9 5 U 0 0 0 5 4 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62708

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13 January 1895
4. Place of Birth, (Street and Number) 211 Thastel St
5. Full Name of Mother, Sarah Caulfield
6. Mother's Maiden Name, Sarah Conway
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, James Caulfield
9. Father's Occupation, Laber
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S. Washington St

Remarks,

8950000548

Wm. J. C. Dulany Co., City Printers and Stationers

the child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 13th 1895
4. Place of Birth, (Street and Number) 1928 Ramsey St
5. Full Name of Mother, Annie Mc Garvin Ihrer
6. Mother's Maiden Name, Holzschuher
7. Mother's Birthplace, Germany
8. Full Name of Father, Fridrich J
9. Father's Occupation Saloon Keeper
10. Father's Birthplace, Cuty

Name of Medical Attendant, or other person who makes this Return, M A Leden

Address, 1004 N Lexington St

Remarks,

8 9 5 0 0 0 0 5 4 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62710 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.), 3 Child

1. *Sex, (state whether male or female).* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13 Jan 1925
4. *Place of Birth, (Street and Number)* 1712 Eutaw Pl
5. *Full Name of Mother,* Emma L. Coleman
6. *Mother's Maiden Name,* Burton
7. *Mother's Birthplace,* Essex Co
8. *Full Name of Father,* Francis H Culp
9. *Father's Occupation* Straw Hat Maker
10. *Father's Birthplace,* Carroll Co

Name of Medical Attendant, or other person who makes this Return, Mrs H E Brooks

Address, 1728 Eutaw Pl

Remarks, Dr Ivy Well

8 4 5 0 0 0 0 5 5 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 62711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13 January 1895
4. Place of Birth, (Street and Number) 1835 Hanman ave
5. Full Name of Mother, Josephean Opealak
6. Mother's Maiden Name, Josephean Siluka
7. Mother's Birthplace, Bahemia
8. Full Name of Father, John Opealak
9. Father's Occupation, Tailar
10. Father's Birthplace, Bahemia

Name of Medical Attendant, or other person who makes this Return, Josephean Conrad

Address, 1621 Barnes st Balt md

Remarks,

8 9 5 0 0 0 0 5 5 1

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 62712

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13 January 1895
4. *Place of Birth, (Street and Number)* 931 Castle St
5. *Full Name of Mother,* Mary Henney
6. *Mother's Maiden Name,* Mary Melacka
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* James Henney
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Josephian Conrad

Address, 621 Barnes St Balt Md

Remarks,

8950000552

Wm. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...shall be delivered, duly signed by the practitioner in the ... of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62713

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 1895
4. *Place of Birth, (Street and Number)* 313 E. Lanvale St.
5. *Full Name of Mother,* Grace Mary Schuyler
6. *Mother's Maiden Name,* " " Kesler
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Charles Schuyler
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E. A. Broadus

Address, 1538 Druid Pl

Remarks, Home Well

shall occur without the attendance of a physician or practioner of midwifery, in the form of a certificate between the first and attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1 8 9 5 U 0 0 0 8 5 5 3

RETURN OF A BIRTH. 62714

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 14
4. Place of Birth, (Street and Number) 1127 Sharp St
5. Full Name of Mother, Mary E Lutz
6. Mother's Maiden Name, Comey
7. Mother's Birthplace, City
8. Full Name of Father, Jr Lutz
9. Father's Occupation Watchman
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, J. G Bunch M D

Address, 571 Hanover St

Remarks,

8950000554

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife shall report to the Commissioner of Health, on the first day of each and every month to the office of the Commissioner of Health, the name and place of birth; and the name of each child born during the preceding month, as attended by the practitioner in the form of a certificate between the first and last day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 11-19-56

RETURN OF A BIRTH. 62715

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Helen May Flatch

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1 mo 21

4. Place of Birth, (Street and Number) 102 S Federal St

5. Full Name of Mother, Annie Flatch

6. Mother's Maiden Name, Craft

7. Mother's Birthplace, Balto.

8. Full Name of Father, Chas Flatch

9. Father's Occupation, Stone Cutter

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, H B Kemp MD

Address, 702 E. Oliver St

Remarks,

8950000555

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5c A
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January the 14 1895
4. *Place of Birth, (Street and Number)*	Draft st & 1935
5. *Full Name of Mother,*	Mary Emiller
6. *Mother's Maiden Name,*	Mary Fculp
7. *Mother's Birthplace,*	Philadelphia
8. *Full Name of Father,*	John Henry Emiller
9. *Father's Occupation*	huckster
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs S Kelly
Address,	1922 Mc Elderry
Remarks,	

8950000556

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62717

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Six

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan. 14th 1895
4. Place of Birth, (Street and Number) 1819 Ramsay st
5. Full Name of Mother, Anna Stewart
6. Mother's Maiden Name, Ford
7. Mother's Birthplace, a.g. do- Md
8. Full Name of Father, Charles Stewart
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Wm. Hawkins

Address, 1044 Pennsylvania Ave

Remarks,

8 y 5 U 0 0 0 5 5 7

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED - 2/17/72

RETURN OF A BIRTH. 62718

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: TALBOTT LYTLE COOKE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 14th 1895
4. Place of Birth, (Street and Number) 228 Morling Ave. Woodberry.
5. Full Name of Mother, Isabel R. Cooke
6. Mother's Maiden Name, Isabel R. Black
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Fredk. Cooke
9. Father's Occupation, House painter
10. Father's Birthplace, Washington, D.C.

Name of Medical Attendant, or other person who makes this Return. Geo. T. Shower, M.D.

Address, 421 Roland Ave. Hampden

Remarks,

July 8/1895

1895 U 0 0 0 5 5 8

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 8-22-52

RETURN OF A BIRTH. 62719 A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Mae Howe

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 14th June 52

4. Place of Birth, (Street and Number) 87 E. Fort Ave

5. Full Name of Mother, Edith Howe

6. Mother's Maiden Name, " Parker

7. Mother's Birthplace, Balto

8. Full Name of Father, Harry Howe

9. Father's Occupation Salesman

10. Father's Birthplace, Pabst Co Ind

Name of Medical Attendant, or other person who makes this Return, Lura E Gaskell

Address, 486 E Fort Ave

Remarks,

BY5U000559

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 62720

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* January 14 - 93 -
4. *Place of Birth, (Street and Number)* 1107 Ratling Ave
5. *Full Name of Mother,* Mary Wade
6. *Mother's Maiden Name,* Mary Williams
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* James Wade
9. *Father's Occupation,* R R Engineer
10. *Father's Birthplace,* Baltimore co Md

Name of Medical Attendant, or other person who makes this Return. E K Riley Md

Address, 727 N Carey st City

Remarks,

1 8 9 5 U 0 0 0 5 6 0

The Commissioner of Health shall require the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 62721 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* January 14, 1895.
4. *Place of Birth, (Street and Number)* No. 1132 Hanford ave.
5. *Full Name of Mother,* Annie E. Kelk.
6. *Mother's Maiden Name,* Annie E. Hilstine.
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Paul F. Kelk.
9. *Father's Occupation* Carpenter.
10. *Father's Birthplace,* England.

Name of Medical Attendant, or other person who makes this Return, Augt. A. Bissell, M.D.

Address, 1131 Hanford ave.

Remarks,

8 7 5 0 0 0 0 5 6 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62722

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 14th 1895
4. *Place of Birth, (Street and Number)*	423 Falls Road, Hampden.
5. *Full Name of Mother,*	Edith B. Bowers
6. *Mother's Maiden Name,*	Edith B. Turner
7. *Mother's Birthplace,*	Balt. Co. Md.
8. *Full Name of Father,*	James W. Bowers
9. *Father's Occupation,*	Factory operative
10. *Father's Birthplace,*	Carroll Co. Md.
Name of Medical Attendant, or other person who makes this Return,	Geo. T. Bhower, M.D.
Address,	421 Roland Ave. Hampden
Remarks,	

8 4 5 U 0 0 0 5 6 2

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

62723

A

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female Twins
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 14 — 1895
4. Place of Birth, (Street and Number) 223 S. Hadgiry St.
5. Full Name of Mother, Julia Grill
6. Mother's Maiden Name, Schmuell
7. Mother's Birthplace, Ungarn Ostria
8. Full Name of Father, Frank Grill
9. Father's Occupation Cabnet Maker
10. Father's Birthplace, Ungarn Ostria

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1424 E. Oraff St.

Remarks,

8950000563

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62724

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 14 1895
4. *Place of Birth, (Street and Number)* Chapel at 128
5. *Full Name of Mother,* Annie Nora
6. *Mother's Maiden Name,* Pasdersky
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* John Pasdersky
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Kostic

Address, N Washington Ave 205

Remarks,

8 4 5 0 0 0 0 5 6 4

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

62726

NAME ADDED 6/15/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Estella Virginia Delp

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	A 2
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	14th of January 95
4. Place of Birth, (Street and Number)	9 Hinsen St
5. Full Name of Mother,	Katie Delp
6. Mother's Maiden Name,	Katie Meise
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Carl Delp
9. Father's Occupation	Bierbrau
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Heules Midwife
Address,	2116 West Pratt St
Remarks,	

8 9 5 0 0 0 0 5 6 6

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 32
(4 - 1 - 54)
Hall of Records Commission

RETURN OF A BIRTH. 62725 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 14
4. *Place of Birth, (Street and Number)* 1550 Fulton Avenue
5. *Full Name of Mother,* Hellena Hilpp
6. *Mother's Maiden Name,* Hellena Ork
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frank Hilpp
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Fadelstick

Address, 2859 Fulton Ave. exct.

Remarks,

8 7 5 0 0 0 0 5 6 5

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

62726

RETURN OF A BIRTH.

GIVEN NAME ADDED, 6/15/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Estella Virginia Delp

A 2 nr

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14th of January 95
4. *Place of Birth, (Street and Number)* 9 Hinsen St
5. *Full Name of Mother,* Kathe Delp
6. *Mother's Maiden Name,* Kathe Meise
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Carl Delp
9. *Father's Occupation* Bildschnitzer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keules Midwife

Address, 216 West Pratt St

Remarks,

8 7 5 U 0 0 0 5 6 6

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65727 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2/16

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 14th 1895. 11½ A.M.
4. *Place of Birth, (Street and Number)* 212 N. Caroline St
5. *Full Name of Mother,* Constantzia Sommer
6. *Mother's Maiden Name,* Constantzia Krumin
7. *Mother's Birthplace,* Riga Russia
8. *Full Name of Father,* Friderik Sommer
9. *Father's Occupation* Cabinet Maker
10. *Father's Birthplace,* Riga Russia

Name of Medical Attendant, or other person who makes this Return, Dr. Rudolph

Address, 212 N. Caroline St

Remarks,

8950000567

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62728

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, January 14, 1895
4. Place of Birth, (Street and Number) Dwelling in Hospital 622 W. Lombard St
5. Full Name of Mother, Mary Williams
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Harry L. Arthur M.D.

Address, 622 W. Lombard St.

Remarks,

8950000568

Wm. J. C. Dulany Co., City Printers and Stationers.

The name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62729 A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black.
3. Date of Birth, January 1st, 1895
4. Place of Birth, (Street and Number) Still Living in Hospital 622 W Lombard
5. Full Name of Mother, Emily Eagleu
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Harry R. Arthur M.D.

Address, 622 W Lombard St

Remarks,

8 9 5 0 0 0 0 5 6 9

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

CERTIFICATE CORRECTED 7-1-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

62730 A

Name: FRANCIS DOYLE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* ~~Aug 15~~ ~~1895~~ Dec. 15, 1894
4. *Place of Birth, (Street and Number)* 1225 William St
5. *Full Name of Mother,* Julia Doyle
6. *Mother's Maiden Name,* Connor
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Jno. Doyle
9. *Father's Occupation* Shoe-Cutter
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, D C Burch M D

Address, 571 Hanover St

Remarks,

1895000570

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII.

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 15/95
4. Place of Birth, (Street and Number) 505 N. Patterson Park Ave.
5. Full Name of Mother, Mary Ross
6. Mother's Maiden Name, Vorstick
7. Mother's Birthplace, Balto.
8. Full Name of Father, Henry Ross
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Leisenhofer

Address, 2225 Gough St.

Remarks,

6750000571

Wm. J. C. Dulany Co,. City Printers and Stationers.

Any schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62732

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 15th 1895
4. *Place of Birth, (Street and Number)* 345 N 21st St. City
5. *Full Name of Mother,* Annie Matusky
6. *Mother's Maiden Name,* " " Kissel
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Emrich Matusky
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Hungaria

Name of Medical Attendant, or other person who makes this Return, Ella Minnie Graf

Address, 206 N. Schroeder St

Remarks,

1895 0000572

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62723

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 15-12

4. Place of Birth, (Street and Number) 1411 Riverside Ave.

5. Full Name of Mother, Emma G. Sutter

6. Mother's Maiden Name, Emma G. Williams

7. Mother's Birthplace, Crumpton

8. Full Name of Father, Edward C. Sutter

9. Father's Occupation Shipcarpenter

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Susan C. Dolan

Address, 501 E. Belvedere St.

Remarks,

8950000573

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 15th 1895
4. *Place of Birth, (Street and Number)*	# 716 Cumberland st.
5. *Full Name of Mother,*	Mrs. Annie K. Fitzmaurice
6. *Mother's Maiden Name,*	Miss. Annie K. Schaffer.
7. *Mother's Birthplace,*	Frizzelburg Carroll County. Md.
8. *Full Name of Father,*	John. Fitzmaurice
9. *Father's Occupation*	Motorman
10. *Father's Birthplace,*	Baltimore. Md.
Name of Medical Attendant, or other person who makes this Return,	Miss. Schockney.
Address,	
Remarks,	

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

: 8 4 5 V 0 0 0 5 7 4

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED 6-4-59

RETURN OF A BIRTH. 65735

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

Ethel M Haines

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, January 15th 1895
4. Place of Birth, (Street and Number) 1926 Elliott St
5. Full Name of Mother, Joana J. Haines
6. Mother's Maiden Name, Joana J Hewitt
7. Mother's Birthplace, Carroll Co Md
8. Full Name of Father, Charles E Haines
9. Father's Occupation Laborer
10. Father's Birthplace, Carroll Co Md

Name of Medical Attendant, or other person who makes this Return, Wm P Siegesmund

Address, 1225 Hart street

Remarks,

8 4 5 U 0 0 0 5 7 5

The sex, color, the full name and occupation of its parents, the date and place of birth, and the full name of each child, (if any shall have been ascertained) the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 15 1895
4. *Place of Birth, (Street and Number)* Fairmount ave 1904
5. *Full Name of Mother,* Maggie Netzelbegan
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germen
8. *Full Name of Father,* Friedrich Netzelbegan
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Henry Kapsis

Address, 1 P Washington st 225

Remarks,

8 9 5 0 0 0 0 5 7 6

Wm. J. C. Dulany Co., City Printers and Stationers

Each Contract as to sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 62737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	15 January 1895
4. *Place of Birth, (Street and Number)*	1120 Robinson
5. *Full Name of Mother,*	Emelia
6. *Mother's Maiden Name,*	Hartman
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Jno Kellman
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	E. J. Williams
Address,	1114 Chesapeake St
Remarks,	

8950000577

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 15/95
4. Place of Birth, (Street and Number) 2510 Lancaster Str.
5. Full Name of Mother, Annie Kalet
6. Mother's Maiden Name, " Witzka
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank Kalet
9. Father's Occupation Stevendore
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Dejanhofer

Address, 2225 Gough St.

Remarks,

675 0 0 0 0 5 7 8

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 62739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (~~state whether male or~~ female). Girl
2. Race or Color, (~~if not of~~ the white race) White.
3. Date of Birth, January 15, '45
4. Place of Birth, (Street and Number) Balto Md Harford Road 108
5. Full Name of Mother, Dora Hermine Magdalene Herb
6. Mother's Maiden Name, Mennig
7. Mother's Birthplace, Bremerhaven, Germany
8. Full Name of Father, William Andreas Friedrich Herb
9. Father's Occupation, Book Keeper
10. Father's Birthplace, Pulanitz Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Elias

Address, 1625 Hopkins Ave, Balto. Md

Remarks, No

8 7 5 0 0 0 0 5 7 9

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 16/95
4. Place of Birth, (Street and Number) 1215 Gough St
5. Full Name of Mother, Amelia Coket
6. Mother's Maiden Name, Amelia Brant
7. Mother's Birthplace, Germany
8. Full Name of Father, William Coket
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary E. Pengry

Address, 1903 Gough St

Remarks,

8 750000580

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62741 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 16 1895
4. Place of Birth, (Street and Number) 1028 Eastern Ave.
5. Full Name of Mother, Mary K. Hoffman
6. Mother's Maiden Name, Jerschcid
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Conrad Hoffman
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address 1427 E. South st.

Remarks,

18950000581

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62742

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 16. (7 o'clock P. M.)
4. Place of Birth, (Street and Number) 709 Swan street near North Market.
5. Full Name of Mother, Bridget Fretwick,
6. Mother's Maiden Name, Costigin
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, John George Fretwick,
9. Father's Occupation, Laborer.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Wm. M. Kane

Address, Mother Relief Society 961 Wilson Place.

Remarks,

8750000582

Wm. J. C. Dulany Co., City Printers and Stationers.

All children born in Baltimore City hereafter shall be registered, and the full name and occupation of each parent, the sex, color, the full name and occupation of its parents, the date and place of birth, and the name, if any, ascertained, the full name of each child, (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62743 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female).* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* 16 Jan 1893
4. *Place of Birth, (Street and Number)* 15 N Carlson St
5. *Full Name of Mother,* Mary Ann Kelly
6. *Mother's Maiden Name,* Bell
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John A. Kelly
9. *Father's Occupation* Fireman
10. *Father's Birthplace,* Md & K Brades

Name of Medical Attendant, or other person who makes this Return, 1822 Gale St

Address, Doug Well

Remarks.

8 9 5 0 0 0 0 5 8 3

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62744 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 6/95
4. Place of Birth, (Street and Number) 1900 Balto St
5. Full Name of Mother, Flora Simpson
6. Mother's Maiden Name, Flora Kemper
7. Mother's Birthplace, Balto
8. Full Name of Father, Sol Simpson
9. Father's Occupation, Merchant
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, A C Polk

Address, 2038 Madison Ave

Remarks,

8 7 5 0 0 0 0 5 8 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62745

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 16/95
4. Place of Birth, (Street and Number) 1925 Orleans St.
5. Full Name of Mother, Kathie Rickhoff
6. Mother's Maiden Name, Freitag
7. Mother's Birthplace, Balto.
8. Full Name of Father, Henry Rickhoff
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Diefenderfer

Address, 2225 Gough St.

Remarks,

8950000585

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65746

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 16 of January 1895
4. Place of Birth, (Street and Number) 1463 Garret Ave Locust Point
5. Full Name of Mother, Bertha Mayer
6. Mother's Maiden Name, Bertha Schulze
7. Mother's Birthplace, Lissdorf Provinz Saxony Germany
8. Full Name of Father, Fredreik Mayer
9. Father's Occupation Carpenter
10. Father's Birthplace, Pommern Germany

Name of Medical Attendant, or other person who makes this Return, Lina Müller

Address, 1600 Hollbrook Street City

Remarks,

8950000586

C. Dulany Co., City Printers and Stationers

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. th Child.

1. Sex, (state whether male or female) female.

2. Race or Color, (if not of the white race) white.

3. Date of Birth, 16th January 1895.

4. Place of Birth, (Street and Number) 110 Glover Street.

5. Full Name of Mother, Line Levitski.

6. Mother's Maiden Name, Leiser.

7. Mother's Birthplace, Germany

8. Full Name of Father, Abel Levitski

9. Father's Occupation Laborer

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, M. H. Leiserman.

Address, 125 Pace street.

Remarks,

8 9 5 0 0 0 0 5 8 7

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 62748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16 January 1895
4. *Place of Birth, (Street and Number)* 1423 Antney st
5. *Full Name of Mother,* Teney Hirsho
6. *Mother's Maiden Name,* Teney Shimek
7. *Mother's Birthplace,* Bahemia
8. *Full Name of Father,* Victar Hirsho
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bahemia

Name of Medical Attendant, or other person who makes this Return. Josephean Conrad

Address, 621 Barnes st Balt Md

Remarks,

B 5 U 0 0 0 5 8 8

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 12th

1. *Sex,* (*state whether male or female*) Male - Morgan Martin Malloy
2. *Race or Color,* (*if not of the white race*) white
3. *Date of Birth,* January 16th 1895
4. *Place of Birth,* (*Street and Number*) 124 S. Edmondson St
5. *Full Name of Mother,* Esther Malloy
6. *Mother's Maiden Name,* Mendleson
7. *Mother's Birthplace,* Russia Poland
8. *Full Name of Father,* Alter Malloy
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia Poland

Name of Medical Attendant, or other person who makes this Return. J. M. Mitnick M.D.

Address, 110 N Eaton

Remarks, Given name added from an affidavit by an elder brother. This student is filed in the document file under Reg No 62749 Dec 6-1933

6 7 5 0 0 0 0 5 8 9

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 6te
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	16th of January 95
4. *Place of Birth, (Street and Number)*	324 Forrest St.
5. *Full Name of Mother,*	Marie Müller
6. *Mother's Maiden Name,*	Maria Kryschenski
7. *Mother's Birthplace,*	Pole
8. *Full Name of Father,*	August Müller
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Pole
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	216 West Pratt St.
Remarks,	

8 9 5 U 0 0 0 5 9 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 16th 1895
4. Place of Birth, (Street and Number) 308 Cox's Ave. Woodberry
5. Full Name of Mother, Elizabeth Elma Redding
6. Mother's Maiden Name, Elizabeth E. Bamber
7. Mother's Birthplace, Balt. Co. Md.
8. Full Name of Father, William Emory Redding
9. Father's Occupation, Express driver
10. Father's Birthplace, Carroll Co. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. T. Shower, M.D.

Address, 421 Roland Ave. Hampden

Remarks,

8 7 5 U 0 0 0 5 9 1

Wm J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1895 62453
2

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	January 16, 1895.
4. *Place of Birth, (Street and Number)*	402 Fluid ave.
5. *Full Name of Mother,*	Florence Ford.
6. *Mother's Maiden Name,*	Brown
7. *Mother's Birthplace,*	Canada.
8. *Full Name of Father,*	Hance Ford.
9. *Father's Occupation,*	Molderman.
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return.	Chas. H. Mitchell M.D.
Address,	291 Chestnut ave.
Remarks,	

64500005592

Wm. J. C. Dulany Co., City Printers and Stationers.

The [illegible] and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3.
1. *Sex, (state whether male or female).*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	January 16, 1895.
4. *Place of Birth, (Street and Number)*	86 Brick Hill, Mt. Vernon
5. *Full Name of Mother,*	Nellie Limerick.
6. *Mother's Maiden Name,*	Martin.
7. *Mother's Birthplace,*	Va.
8. *Full Name of Father,*	John William Limerick.
9. *Father's Occupation*	Laborer.
10. *Father's Birthplace,*	Va.
Name of Medical Attendant, or other person who makes this Return.	Chas. H. Mitchell M.D.
Address,	291 Chestnut ave.
Remarks,	

6 7 5 U 0 0 0 5 9 3

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62755 A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 16 1895
4. *Place of Birth, (Street and Number)* 822 Rose St.
5. *Full Name of Mother,* Sara Bowers
6. *Mother's Maiden Name,* Sara Myers
7. *Mother's Birthplace,* New Jersey
8. *Full Name of Father,* John Bowers
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other person who makes this Return, Mary L Sprague

Address, 824 Carlton St.

Remarks,

8950000594

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 2. (As amended by Act of 1894, ch. 123.) Be it further enacted, That the return of each birth shall state the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62756 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 16/95.
4. *Place of Birth, (Street and Number)* Lying in Hospital 62½ W. Lombard St.
5. *Full Name of Mother,* Ada Wyllie
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Harry H. Arthur M.D.

Address, 62½ W. Lombard St.

Remarks,

8950000595

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 1-14-60

RETURN OF A BIRTH. 62757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Henry Hagelgans

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 17/95
4. Place of Birth, (Street and Number) 2229 Bank St.
5. Full Name of Mother, Annie ~~Hagelkraus~~ Hagelgans
6. Mother's Maiden Name, ~~Holler~~ Moll
7. Mother's Birthplace, Balto.
8. Full Name of Father, Peter ~~Hagelkraus~~ Hagelgans
9. Father's Occupation Grocer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer

Address, 2225 Gough St.

Remarks, 8950000596

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 62 758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 17. (8.45 P. M.)
4. Place of Birth, (Street and Number) 1120 Light street.
5. Full Name of Mother, Elizabeth Mc Kinley.
6. Mother's Maiden Name, Kelly.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, William George Mc Kinley.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Jno. M. Kaums

Address, (Mothers Relief Society) 961 Hilton Place

Remarks,

8 9 5 0 0 0 0 5 9 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 17/98
4. Place of Birth, (Street and Number) 1406 Eutaw Place
5. Full Name of Mother, Cora Crawford
6. Mother's Maiden Name, Cora Lucas
7. Mother's Birthplace, Balto Co
8. Full Name of Father, Millard F Crawford
9. Father's Occupation, Merchant
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, A C Pole

Address, 2038 Madison ave

Remarks, 8 9 5 U 0 0 0 5 9 8

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

62760 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan. 17 1896
4. *Place of Birth, (Street and Number)* 203 S. Dallas
5. *Full Name of Mother,* Ida Louise Haeny
6. *Mother's Maiden Name,* Haacke
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry W. Haeny
9. *Father's Occupation* Lithographer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant or other person who makes this Return, Mary Stein

Address, 1429 E. Baltimore St

Remarks,

8950000599

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 62761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 17-95
4. *Place of Birth, (Street and Number)*	1231 E Monument
5. *Full Name of Mother,*	Susie E. Minnick
6. *Mother's Maiden Name,*	Link
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Thomas C B. Minnick
9. *Father's Occupation*	Musician
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return	Mrs Mary A. Allwell
Address,	1438 N Bond St
Remarks,	

8950000600

been collected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	17th of January 95
4. *Place of Birth, (Street and Number)*	524 Frederick Road
5. *Full Name of Mother,*	Dora Hoerstmann
6. *Mother's Maiden Name,*	Dora Schulze
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Carl Hoerstmann
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return	Friederike Keulen Midwife
Address,	716 West Pratt St
Remarks,	8950000601

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore, Maryland.
September 27, 1918.

This makes known that I, Dore Horstmann, (Nee - Dore Schulze) was born in Germany in a town by the name of ~~xxx~~ Orlishausen. Any other statement made relatively to the place of my birth i s absolutely incorrect. This affidavit is made to eliminate a mistake made in reporting the birth of Paul Frederick Horstmann, by one Juiedericke Keuler, Midwife, who attended me at the time of delivery of the above child.

Mrs. Dorothy Jacobs.-(2d Marriage)
Mother.
Horstmann

Subscribed and sworn to before me this 27th day of September, 1918.

Reed Gaither
Notary Public.

8 9 5 0 0 0 0 6 0 2

RETURN OF A BIRTH. 62763 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 7 1920
4. *Place of Birth, (Street and Number)* 2317 Riverside ave
5. *Full Name of Mother,* Sarah E Bradburn
6. *Mother's Maiden Name,* Robertson
7. *Mother's Birthplace,* Calvert Co Md
8. *Full Name of Father,* James L Bradburn
9. *Father's Occupation* Insurance agent
10. *Father's Birthplace,* St. Marys Co Md

Name of Medical Attendant, or other person who makes this Return, Wm E Brooks

Address, 1525 Locust St

Remarks, Living Well

875000000603

(been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 17 Januar
4. *Place of Birth, (Street and Number)* 919 Leadenhall. St
5. *Full Name of Mother,* Elisabetha Bach
6. *Mother's Maiden Name,* Strasser
7. *Mother's Birthplace,* Germanie
8. *Full Name of Father,* Eugen Bach
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Germanie

Name of Medical Attendant or other person who makes this Return, Katie Münch

Address, 800 Leadenhall Street

Remarks, 6 7 5 0 0 0 0 6 0 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

Over

RETURN OF A BIRTH 62765

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Creston S. ~~Deutsch~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	January 17 - 1895
4. Place of Birth (Street and Number),	46 S. Green St -
5. Full Name of Mother,	Emma Deutsch
6. Mother's Maiden Name,	" Henzberg
7. Mother's Birthplace,	Baltimore, Md.
8. Full Name of Father,	Joseph Deutsch
9. Father's Occupation,	—
10. Father's Birthplace,	Philadelphia Pa.
Name of Medical Attendant, or other person who makes this Return.	Edwin K. Ballard M.D.
Address,	855 Park Ave
Remarks,	8 9 5 0 0 0 0 6 0 5

and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 12766

GIVEN NAME ADDED 6-2-54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edward Randolph Eudsburg

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	18th of January 95
4. Place of Birth, (Street and Number)	39 Garrison Lane
5. Full Name of Mother,	Louise Eudsburg
6. Mother's Maiden Name,	Louise Volbrecht
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Randolph Eudsburg
9. Father's Occupation	Dienemaison
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Keules Midwife
Address,	216 West Pratt St.
Remarks,	8950000606

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62767A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 18 1895
4. Place of Birth, (Street and Number) 316 S. Spring St.
5. Full Name of Mother, Kate Parkent
6. Mother's Maiden Name, Fisher
7. Mother's Birthplace, Germany
8. Full Name of Father, John Parkent
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who made this Return, Mary Stein

Address 427 E. Oraft St.

Remarks,

8 4 5 0 0 0 0 6 0 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 62468

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 18 95
4. Place of Birth, (Street and Number) 1717 Carton Ave.
5. Full Name of Mother, Louisa Ousburne
6. Mother's Maiden Name, " Harr
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Ousburne
9. Father's Occupation Laberer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Diseuhofer

Address, 2225 Gough St.

Remarks,

8950000608

Wm. J. C. Dulany Co,. City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 19th June 25
4. Place of Birth, (Street and Number) 1512 Eagle St
5. Full Name of Mother, Sarah Lawrence
6. Mother's Maiden Name, " Treaber
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Lawrence
9. Father's Occupation Labor
10. Father's Birthplace, U.S.A. Co Md

Name of Medical Attendant, or other person who makes this Return, Chas E. Gyswell

Address, 406 E. Fort Ave

Remarks,

1 8 9 5 0 0 0 0 6 0 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Sex (state whether male or female) of each child, (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan. 18. (11, 15. A. M.).
4. *Place of Birth, (Street and Number)* 2515 Lauton Ave
5. *Full Name of Mother,* Sarah Fleurity.
6. *Mother's Maiden Name,* Welsh.
7. *Mother's Birthplace,* Ireland.
8. *Full Name of Father,* John Fleurity.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Ireland.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kane,

Address, (Mothers Relief Society) 961. Milton Place,

Remarks.

8950000610

Wm. J. C. Dulany Co., City Printers and Stationers.

Born

RETURN OF A BIRTH. 62771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd A.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 19th 1895.
4. *Place of Birth, (Street and Number)*	#226 Eleventh St. Annex.
5. *Full Name of Mother,*	Eva L. Dawley.
6. *Mother's Maiden Name,*	" " Deell.
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Caleb F. Dawley
9. *Father's Occupation*	Bar Tender
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return,	R. G. Rankin. M.D.
Address,	Varney Annex.
Remarks,	Caleb Franklin Dawley

8 9 5 0 0 0 0 6 1 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd,

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Jan. 18, 1895.

4. Place of Birth, (Street and Number) 1744 Park ave.

5. Full Name of Mother, Effie Le, Hickman

6. Mother's Maiden Name, " S. Slater

7. Mother's Birthplace, Va.

8. Full Name of Father, Ethuson H. Hickman

9. Father's Occupation Grocer

10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return, G. Lane Taneyhill

Address, 1103 Madison ave.

Remarks, Instruments

8950000612

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 18 1895
4. Place of Birth, (Street and Number) St. Vincents Infant Asylum
5. Full Name of Mother, Alice Jenkins
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md.
8. Full Name of Father, Not known
9. Father's Occupation "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, R. Le. Bassis M. D.

Address, 600 N. Aisquith

Remarks, 8950000613

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62774 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 19th. 1895
4. Place of Birth, (Street and Number) 2020 N. Charles St.
5. Full Name of Mother, Winifred Isabelle Bolgiano
6. Mother's Maiden Name, Winifred Isabelle Kane
7. Mother's Birthplace, Bradford Hills Penna.
8. Full Name of Father, Walter Bolgiano
9. Father's Occupation Physician
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, D. T. A. Ashby D. Bolgiano.

Address, 1525 Madison Ave.

Remarks,

8950000614

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 5-25-64

RETURN OF A BIRTH. 62775 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Edith Bolgiano

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 19th, 1895
4. Place of Birth, (Street and Number) Eyler & Lane & Gorsuch Ave
5. Full Name of Mother, Edith Jane Bolgiano
6. Mother's Maiden Name, Edith Jane Hollitter
7. Mother's Birthplace, Waverly, Baltimore
8. Full Name of Father, Roland F Bolgiano
9. Father's Occupation Seaman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Walton Bolgiano.

Address, 2426 N. Charles St.

Remarks,

1895000615

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 19 1903
4. *Place of Birth, (Street and Number)* Baltimore (#623 Light St. Ma.
5. *Full Name of Mother,* Mrs Wm. F. Black.
6. *Mother's Maiden Name,* Miss C. J. Tibbs
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm F. Black
9. *Father's Occupation* Cigar Mfr.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 5 0 0 0 0 6 1 6

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62777 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race) white
3. Date of Birth, Saturday morning 4 10 Sept 19
4. Place of Birth, (Street and Number) 915 Leadenhall St
5. Full Name of Mother, Mrs Ida Michael
6. Mother's Maiden Name, Ida Frank
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William J. Michael
9. Father's Occupation Cabinet maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Kate A Minch

Address, 800 Leadenhall Street

Remarks, 8950000617

Wm. J. C. Dulany Co., City Printers and Stationers.

...ren covered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62778 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 19 January
4. *Place of Birth, (Street and Number)* 1 West 2d
5. *Full Name of Mother,* A. Rosina Lessel
6. *Mother's Maiden Name,* Martha Schuman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Engel
9. *Father's Occupation* Cabinet Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return Katie Münch

Address, 107 Leadenhall Street,

Remarks,

8950000618

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62779 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Geboren January 19/95
4. *Place of Birth, (Street and Number)* Thames str. No 1627.
5. *Full Name of Mother,* Zofija Worek.
6. *Mother's Maiden Name,* 2 Kinder Son Medhen.
7. *Mother's Birthplace,* Poland.
8. *Full Name of Father,* Dzian Piotr.
9. *Father's Occupation,* Poland
10. *Father's Birthplace,* Galicyi

Name of Medical Attendant, or other person who makes this Return, Agnes Hodolna.

Address, Thames str. No 1635.

Remarks, Le yet.

8 9 5 0 0 0 0 6 1 9

Wm J C. Dulany Co., City Printers and Stationers.

Each Commissioner, his sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62780 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, January 19 1895.
4. Place of Birth, (Street and Number) 852 S. Eutaw St
5. Full Name of Mother, Louisa Lux
6. Mother's Maiden Name, Bruch
7. Mother's Birthplace, Bavaria
8. Full Name of Father, [illegible]
9. Father's Occupation Merchant
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Katie Münnich

Address, 517 Leadenhall Street

Remarks,

1895000620

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62781 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 7 1924 9:12 P.M.
4. Place of Birth, (Street and Number) 1716 Hollins St. Balto Md.
5. Full Name of Mother, Eugenia Matusewicz
6. Mother's Maiden Name, Eugenia Nagorniewska
7. Mother's Birthplace, Poznan - Poland (Russia)
8. Full Name of Father, Adam Matusewicz
9. Father's Occupation
10. Father's Birthplace, Grodzisko - Poland (Russia)

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 919 N. Caroline St.

Remarks.

8950000621

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10.

1. *Sex, (state whether male or female)* Female,
2. *Race or Color, (if not of the white race)* White,
3. *Date of Birth,* January 20"
4. *Place of Birth, (Street and Number)* N 712 McHenry St.
5. *Full Name of Mother,* Anna Long,
6. *Mother's Maiden Name,* Willienheim
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Long,
9. *Father's Occupation,* Cigar-maker,
10. *Father's Birthplace,* Balto Cty.

Name of Medical Attendant, or other person who makes this Return, Wm J. Stadtler M.D.

Address, 721 Columbia Ave

Remarks,

8 9 5 0 0 0 0 6 2 2

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 62783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 January 1895
4. Place of Birth, (Street and Number) 1602 Abbott St
5. Full Name of Mother, Anna Shimek
6. Mother's Maiden Name, Anna Slama
7. Mother's Birthplace, Bahemia
8. Full Name of Father, Philip Shimek
9. Father's Occupation, Tailor
10. Father's Birthplace, Bahemia

Name of Medical Attendant, or other person who makes this Return, Josephan Conrad

Address, 1621 Barnes St Balto md

Remarks,

18950000623

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 62784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 20th 1895
4. *Place of Birth, (Street and Number)* 202 N. Schroder St
5. *Full Name of Mother,* Kate Whitney
6. *Mother's Maiden Name,* " " Hilnet
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Richard Whitney
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Minnie Graf

Address, 206 N. Schroder St

Remarks,

8 7 5 U 0 0 0 6 2 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 20th 1895
4. Place of Birth, (Street and Number) 298 Roland Ave. Hampden
5. Full Name of Mother, Clara Virginia Mitchell
6. Mother's Maiden Name, Clara V. Swartzbaugh
7. Mother's Birthplace, Balt. Co. Md.
8. Full Name of Father, Charles C. Mitchell
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Balt. Co. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. T. Shower, M.D.

Address, 421 Roland Ave. Hampden

Remarks,

8 9 5 U 0 0 0 6 2 5

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th Child

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) H
3. Date of Birth, 29th January 1895
4. Place of Birth, (Street and Number) 1227 Hare street.
5. Full Name of Mother, Matilda Fitts.
6. Mother's Maiden Name, Lerberrti
7. Mother's Birthplace, Hungary.
8. Full Name of Father, Mail Fitts.
9. Father's Occupation Laborer
10. Father's Birthplace, Hungary

Name of Medical Attendant, or other person who makes this Return, Miss D. Siersmann.

Address, 1225 Hare street.

Remarks,

8 7 5 0 0 0 0 6 2 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Child

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) white
3. Date of Birth, 20th January 1895.
4. Place of Birth, (Street and Number) 2728 Colonel Street
5. Full Name of Mother, Jane Klein.
6. Mother's Maiden Name, — Jost.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Karl Klein.
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Miss P. Liemann.

Address, 1225 Hoe street

Remarks,

8 9 5 U 0 0 0 6 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 9-28-56

RETURN OF A BIRTH. 62788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Stella Sauerwein

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A 8th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 24th of January 95

4. Place of Birth, (Street and Number) 2146 Vine St

5. Full Name of Mother, Lena Sauerwein

6. Mother's Maiden Name, Lena Thomas,

7. Mother's Birthplace, Balto

8. Full Name of Father, Albert Sauerwein

9. Father's Occupation Laber

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Friedrike Keuler Midwife

Address, 2116 West Pratt St

Remarks,

8 9 5 0 0 0 0 6 2 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	A 1 m
1. *Sex, (state whether male or female)*	Mall
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	26 of January 95
4. *Place of Birth, (Street and Number)*	103 Allison Alley
5. *Full Name of Mother,*	Mage Heinzenberger
6. *Mother's Maiden Name,*	Mage Wise
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Louis Heinzenberger
9. *Father's Occupation*	Bäcker
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Hexler Midwife
Address,	2116 West Pratt St
Remarks,	

8 9 5 0 0 0 0 6 2 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co. City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* twins Male & female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 21. Jan.
4. *Place of Birth, (Street and Number)* 126. E. Lanvale St.
5. *Full Name of Mother,* Elizabeth Bauer
6. *Mother's Maiden Name,* Elizabeth Bergman
7. *Mother's Birthplace,* Washington D. C.
8. *Full Name of Father,* John H. Bauer
9. *Father's Occupation* Silversmith
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Med. D. Hyatt midwife

Address, 1417 E. Eager St.

Remarks,

8950000630

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 62791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 4. Jan.
4. *Place of Birth, (Street and Number)* 620 Forest st
5. *Full Name of Mother,* Kate Reginald
6. *Mother's Maiden Name,* Kate Kelley
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Clement H Reginald
9. *Father's Occupation* Watchmaker
10. *Father's Birthplace,* Charleston S. C.

Name of Medical Attendant, or other person who makes this Return, Mrs. D. Smith Heidewipe

Address, 1417 E. Eager St.

Remarks,

8 9 5 0 0 0 0 6 3 1

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 62792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, January 21, 1895.
4. Place of Birth, (Street and Number) 413 W. 26½ St.
5. Full Name of Mother, Lilly May White.
6. Mother's Maiden Name, " " "
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, Illegitimate.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8 7 5 0 0 0 0 6 3 2

RETURN OF A BIRTH. 62493

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female).* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* January 22, 1895.
4. *Place of Birth, (Street and Number)* 408 W. 23½ St.
5. *Full Name of Mother,* Emma Kirk.
6. *Mother's Maiden Name,* Potts.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* John W. Kirk.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Pa.

Name of Medical Attendant, or other person who makes this Return, Chas H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, —

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

6950000633

RETURN OF A BIRTH. 62794 A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female).* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* January 22 1895.
4. *Place of Birth, (Street and Number)* 517 Third ave.
5. *Full Name of Mother,* Rosa Chernowith.
6. *Mother's Maiden Name,* Hoffsnider.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Harry Chernowith.
9. *Father's Occupation* Blacksmith.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, —

Wm. J. C. Dulany Co., City Printers and Stationers.

8950000063 4

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan - 22 - 95
4. *Place of Birth, (Street and Number)*	2004 Eager St
5. *Full Name of Mother,*	Emma E. Prine
6. *Mother's Maiden Name,*	" " Bryson
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Henry E. Prine
9. *Father's Occupation*	Letter Carrier
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A Allwell
Address,	1438 N. Bond St
Remarks,	

1895000635

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner at the time and place of birth, and the attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62796 A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 22 - 95
4. *Place of Birth, (Street and Number)*	1334 N Chester
5. *Full Name of Mother,*	Blanche Moore
6. *Mother's Maiden Name,*	" Byrne
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	Wm H. Moore
9. *Father's Occupation*	Bricklayer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs) Mary A. Allwell
Address,	1438 N. Bond St
Remarks,	

Every Physician, Midwife or other person who shall attend upon any birth, shall obtain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1895000063 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 22 1922
4. *Place of Birth, (Street and Number)*	Christian st No 209
5. *Full Name of Mother,*	anny Mc hausner
6. *Mother's Maiden Name,*	anny Mc bride
7. *Mother's Birthplace,*	rartat eaden
8. *Full Name of Father,*	John B hausner
9. *Father's Occupation*	Cabar Cooper
10. *Father's Birthplace,*	Baltimor
Name of Medical Attendant, or other person who makes this Return,	Mrs S Kelley
Address,	No 1922 Wilkins Ave
Remarks,	

1 8 4 5 0 0 0 0 6 3 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 22. (7, 35. P. M.)
4. Place of Birth, (Street and Number) 253 E. Hamburg st.
5. Full Name of Mother, Mary Klein,
6. Mother's Maiden Name, Doll,
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Louis Klein,
9. Father's Occupation Tinner,
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kaund for the

Address, Mother Relief Society, 901 Hilton Place.

Remarks,

8950000638

Wm. J. C. Dulany Co., City Printers and Stationers.

Each Child (or its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 62799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Youth. child

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, January 22 nd
4. Place of Birth, (Street and Number) Baltimore City Pratt St 434 and 436
5. Full Name of Mother, Mary Bury
6. Mother's Maiden Name, Mary Shieb
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Joseph Bury
9. Father's Occupation, Saloon keeper
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs Ellen Reiter

Address, 1003 Gross St

Remarks, 8 4 5 0 0 0 0 6 3 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62800

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 A
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January the 22 1895
4. *Place of Birth, (Street and Number)*	Wilkins Ave & 20-4th
5. *Full Name of Mother,*	Elsie M Eckman
6. *Mother's Maiden Name,*	Elsie M Seelo
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles M Eckman
9. *Father's Occupation*	Lumber
10. *Father's Birthplace,*	Dorchester Co MD
Name of Medical Attendant, or other person who makes this Return,	Dr E Kelly
Address,	1922 Wilkins Ave
Remarks,	

1895 0000640

Wm. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 12-10-59

RETURN OF A BIRTH. 62801

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Margaretha ——— Miller A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 22 '25
4. Place of Birth, (Street and Number) 21 N. Bond St
5. Full Name of Mother, Mary Miller
6. Mother's Maiden Name, Lockhart
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Hans E. Miller
9. Father's Occupation Painter
10. Father's Birthplace, Darlington Co. Ger

Name of Medical Attendant, or other person who makes this Return Barney Miller

Address, 1035 Walbrook St

Remarks,

8 9 5 0 0 0 0 6 4 1

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62802 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 22nd 95
4. Place of Birth, (Street and Number) Cor. of Kennedy & Mary St
5. Full Name of Mother, Katie Bayers.
6. Mother's Maiden Name, Katie Kornrodt
7. Mother's Birthplace, Balto
8. Full Name of Father, Charles H Bayers
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Balt Co

Name of Medical Attendant, or other person who makes this Return, C H C Klee

Address, 2038 Madison Ave

Remarks,

8950000642

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 8-17-56

RETURN OF A BIRTH

62803

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Albert Joseph Ross

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 22nd 1896
4. Place of Birth, (Street and Number) 312 N Gay St
5. Full Name of Mother, Mary Ross
6. Mother's Maiden Name, McHugh
7. Mother's Birthplace, Ireland
8. Full Name of Father, Herbert Ross
9. Father's Occupation, Saloonkeeper
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return. James J Buck M.D

Address, 314 N Exeter St

Remarks,

Murphy & Co., City Printers and Stationers.

8950000643

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter prescribed, to the Commissioner of Health. In case the mother of any child shall die without the attendance of a physician or practitioner of mid-wifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 22nd 1895
4. *Place of Birth, (Street and Number)* N. E. cor Chestnut & Low Sts.
5. *Full Name of Mother,* Agnes Robbins
6. *Mother's Maiden Name,* Mc Naughton
7. *Mother's Birthplace,* Nova Scotia
8. *Full Name of Father,* H C Robbins
9. *Father's Occupation,* Medical Student
10. *Father's Birthplace,* London, Eng.

Name of Medical Attendant, or other person who makes this Return. G. F. Mitnick M.D.

Address, 412 N. Exeter St.

Remarks,

8 9 5 0 0 0 0 6 4 4

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62805 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 22 '95
4. *Place of Birth, (Street and Number)*	17 n Appleton St
5. *Full Name of Mother,*	Mrs. Mary M Miligan
6. *Mother's Maiden Name,*	" / " Marine
7. *Mother's Birthplace,*	Dorchester Co Md
8. *Full Name of Father,*	Wm H Miligan
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Dorchester Co Md
Name of Medical Attendant, or other person who makes this Return,	T C Worthington
Address,	840 w Fayette
Remarks,	

1895 U 000645

Wm. J. C. Dulany Co., City Printers and Stationers

...name of each child, (if any shall have ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 6s 806

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2te Child.

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race)
3. Date of Birth, 23. Januar 1895.
4. Place of Birth, (Street and Number) Canton Street.
5. Full Name of Mother, Lisa Nerz.
6. Mother's Maiden Name, —
7. Mother's Birthplace, Fr. Eich, Baltimore.
8. Full Name of Father, 1201 Canton Street.
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Miss J. Liersemann.

Address, 1225 Fare Street.

Remarks,

8 4 5 U 0 0 0 6 4 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23 January 1895
4. Place of Birth, (Street and Number) 626 Park St
5. Full Name of Mother, Louis Sauder
6. Mother's Maiden Name, Annie Feller
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Sauder
9. Father's Occupation Lawyer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 509 S. Washington St

Remarks,

8950000647

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 7-16-57

RETURN OF A BIRTH. 62808 A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Virginia Belle North

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 23 - 1895
4. Place of Birth, (Street and Number) 2119 E Fayette St
5. Full Name of Mother, Cornelia North
6. Mother's Maiden Name, C. Reynolds
7. Mother's Birthplace, Virginia
8. Full Name of Father, Marcellus North
9. Father's Occupation Laborer
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, D. O'Bunda M D

Address, 519 E Fayette St

Remarks,

8950000648

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 23/95
4. Place of Birth, (Street and Number) 2573 Eastern Ave.
5. Full Name of Mother, Anna Heuerman
6. Mother's Maiden Name, " Weitzel
7. Mother's Birthplace, Balto.
8. Full Name of Father, Williams Heuerman
9. Father's Occupation Collector
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer

Address, 2225 Gough St.

Remarks,

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third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

said Schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex,* (state whether male or female)

2. *Race or Color,* (if not of the white race)

3. *Date of Birth,* Jan. 22. (5. P. M.)

4. *Place of Birth,* (Street and Number) 232. Patterson st.

5. *Full Name of Mother,* Virginia, Mary Baxter,

6. *Mother's Maiden Name,* Baxter,

7. *Mother's Birthplace,* Baltimore Md.

8. *Full Name of ~~Father~~ Mother.* not married. Mary Baxter,

9. ~~*Father's Occupation*~~

10. ~~*Father's*~~ *Birthplace,* Ireland.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kraus. for the

Address, Mothers Relief Society, 901. Wilkens Place.

Remarks.

8 4 5 0 0 0 0 6 5 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Over

RETURN OF A BIRTH. 62811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George Frederick Duerbeck

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 23rd 1895
4. Place of Birth, (Street and Number) #136 Carroll Ave Annex
5. Full Name of Mother, Matilda A. Duerbeck.
6. Mother's Maiden Name, " " Stange
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George B. Duerbeck.
9. Father's Occupation Car. Conductor
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, R. G. Raffkind M.D.

Address, Family Annex.

Remarks,

8950000651

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 62812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third 3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	—
3. *Date of Birth,*	Jan. 23rd 1895
4. *Place of Birth, (Street and Number)*	2875 Lanvale St.
5. *Full Name of Mother,*	Mary Elizabeth Meekins
6. *Mother's Maiden Name,*	Mary Elizabeth Miller
7. *Mother's Birthplace,*	Baltimore Co. Md.
8. *Full Name of Father,*	Jesse Henry Meekins
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore Co, Md.
Name of Medical Attendant, or other person who makes this Return.	James A. Zepp M.D.
Address,	N. E. Cor North ave. and North St. Bldg
Remarks,	

1895U000652

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 62813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23rd of Jan.
4. Place of Birth, (Street and Number) 173 Harrison st Balto Md.
5. Full Name of Mother, Mrs Dora Ribakow
6. Mother's Maiden Name, Miss Dora Nysthot
7. Mother's Birthplace, Khiva Russia
8. Full Name of Father, Mr Mose Ribakow
9. Father's Occupation Shoemaker
10. Father's Birthplace, Khiva Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Eva Khon.

Address, Mother and baby is in good health.

Remarks,

8 7 5 0 0 0 0 6 5 3

Wm. J. C. Dulany Co., City Printers and Stationers.

...name of each child, (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 62814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23 January 1895
4. Place of Birth, (Street and Number) 1625 Barnes St
5. Full Name of Mother, Barbry Skutchra
6. Mother's Maiden Name, Barbry Vodicka
7. Mother's Birthplace, Bahemia
8. Full Name of Father, Frank Skutchra
9. Father's Occupation, Tailor
10. Father's Birthplace, Bahemia

Name of Medical Attendant, or other person who makes this Return. Josephean Conrad

Address, 1621 Barnes st Balt Md

Remarks,

8950000654

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...each child, if any shall have ... the date and place of birth; and the ... case the birth of any child ... should no other person be in ... duty of the person or parents of such ... within the period above required, and ... provisions of this section shall be sub- ... offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65815

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female A.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 23/95
4. Place of Birth, (Street and Number) 502 Dunham St
5. Full Name of Mother, Catherine Anchor
6. Mother's Maiden Name, Catherine Mulvey
7. Mother's Birthplace, York Pa
8. Full Name of Father, William Anchor
9. Father's Occupation, Watchman
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mary E. Pengoy

Address, 1903 Gough St

Remarks,

8950000655

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 62816

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Thomas

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 2 1855
4. Place of Birth, (Street and Number) 120 Hanson
5. Full Name of Mother, Wilhelmina Thom
6. Mother's Maiden Name, Emory
7. Mother's Birthplace, Virginia
8. Full Name of Father, William H Thomas
9. Father's Occupation, Oyster House
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Miss Ann Frost

Address, 716 Durham St

Remarks,

6 7 5 0 0 0 0 6 5 6

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 62817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (State whether male or female)* male
2. *Race or color, (if not of the white race)* Hebrew
3. *Date of Birth,* January 24th 95
4. *Place of Birth, (Street and Number)* 16th E. Fayette St.
5. *Full Name of Mother,* Carrie Schuyler
6. *Mother's Maiden Name,* Carrie Rosenthal
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Aaron Schuyler
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Howard B. Lilienthal M.D.

Address, 1427 E. Fayette St.

Remarks,

1 8 9 5 0 0 0 0 6 5 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	No The 25 January 1895
4. *Place of Birth, (Street and Number)*	No 1008 Bedell Ct
5. *Full Name of Mother,*	Mary Christina Fraggese
6. *Mother's Maiden Name,*	Mary Christina Stein
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Peter E. Fraggese
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs. L. L. Lauer
Address,	No 1059 Garrod Ave
Remarks,	Bal. Md.
	1895

8950000658

Wm. J. C. Dulany Co., City Printers and Stationers.

The [illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 4

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, the 25 of January 1895

4. Place of Birth, (Street and Number) No 942 Fremont Ave

5. Full Name of Mother, Annie Maria Widefeld

6. Mother's Maiden Name, Annie Maria Gus

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James H. Widefeld

9. Father's Occupation Undertaker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Louis Blum Lauer

Address, No 1054 Harford Ave

Remarks, Bal. Md.

1895

8 9 5 0 0 0 0 6 5 9

Wm. J. C. Dulany Co., City Printers and Stationers.

...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62830 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 25 1895
4. Place of Birth, (Street and Number) 407 S. Eden St.
5. Full Name of Mother, Mary Medinger
6. Mother's Maiden Name, Smet
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Medinger
9. Father's Occupation Engineer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8950000660

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Owe

RETURN OF A BIRTH. 63821 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Jacob Brown ~~Ottenheimer~~ Ottenheimer Jr

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 25th 95.
4. Place of Birth, (Street and Number) 2501 Balto St
5. Full Name of Mother, Alice Ottenheimer
6. Mother's Maiden Name, Alice Brown
7. Mother's Birthplace, Russia
8. Full Name of Father, Bernard M. Ottenheimer
9. Father's Occupation,
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, A C Bole

Address, 2038 Ellamont Ave

Remarks,

8 9 5 0 0 0 0 6 6 1

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2-26-59

RETURN OF A BIRTH. 62822

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mollie Holliday ~~Brusstar~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 25 1895
4. *Place of Birth, (Street and Number)*	1116 Chesapeake St
5. *Full Name of Mother,*	Anna C.
6. *Mother's Maiden Name,*	Smith
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	William H. Brewster
9. *Father's Occupation*	Ship-Builder
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return,	E. Williams
Address,	1114 Chesapeake St
Remarks,	

1895 00000662

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 11-18-55

RETURN OF A BIRTH. 62823

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elsie Anna Sheckels

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 26, 1895
4. Place of Birth, (Street and Number) 581 Baker st.
5. Full Name of Mother, Mrs. Annie L. Sheckels
6. Mother's Maiden Name, Hohlmacher
7. Mother's Birthplace, Germany
8. Full Name of Father, Mr. Wm. B. Sheckels
9. Father's Occupation, Baker
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Wm. E. Miller M.D.

Address, 2239 Pennsylvania Ave.,

Remarks,

1895000663

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 26, 1895
4. Place of Birth, (Street and Number) 110 N. Hoffman St
5. Full Name of Mother, Annie Rice
6. Mother's Maiden Name, Annie Rice
7. Mother's Birthplace, Calvert Co Md
8. Full Name of Father, William Henry Collins
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Louis Eaton M.D.

Address, Resident, Maternity Ward Hospital

Remarks, 110 N Hoffman St

1895 00000664

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62825

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 26 Jan
4. Place of Birth, (Street and Number) 1609 Dolan St
5. Full Name of Mother, Lovisa Adams
6. Mother's Maiden Name, Louisa Pearson.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Thomas F Adams.
9. Father's Occupation Plasterer.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. P. Ziek Midwife.

Address, 1417. E Eager St.

Remarks,

8 9 5 0 0 0 0 6 6 5

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) The Youth.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 26 of January

4. Place of Birth, (Street and Number) Robert Street

5. Full Name of Mother, Mary Shuckels

6. Mother's Maiden Name, Waters

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Fletch Shuckels

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Allen

Address, 1407 Nicholson Street

Remarks, 8950000666

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62827

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 27 1905
4. Place of Birth, (Street and Number) 1119 Mulberry St.
5. Full Name of Mother, Mary Ellen Chalmers
6. Mother's Maiden Name, Stewart
7. Mother's Birthplace, Balto.
8. Full Name of Father, Philemon Chalmers
9. Father's Occupation Painter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, D. Norwood Owens

Address, 939 W Fayette St.

Remarks, 8754 0 0 6 6 7

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62828

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27th of January
4. Place of Birth, (Street and Number) (Baltimore) No 1131 Cleveland St.
5. Full Name of Mother, Mary Virginia DeBow.
6. Mother's Maiden Name, Mary Virginia Mann.
7. Mother's Birthplace, Hasford County.
8. Full Name of Father, William E. DeBow.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs A. M. Birkhead

Address, No 780 Hanover St

Remarks,

8 7 5 U 0 0 0 0 6 6 8

Wm J C. Dulany Co., City Printers and Stationers.

this section shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62829

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	male.
2. *Race or Color, (if not of the white race)*	Colored -
3. *Date of Birth,*	Jan. 27th 1895
4. *Place of Birth, (Street and Number)*	634. N Bruce
5. *Full Name of Mother,*	Leoma Gray.
6. *Mother's Maiden Name,*	Lindsey
7. *Mother's Birthplace,*	Essex Co.
8. *Full Name of Father,*	Alexandria Gray.
9. *Father's Occupation*	Hod Carrier
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return,	W. Ben. Hawkins
Address,	1044 Penna ave
Remarks,	

1895000669

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62830 A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jany 27/95
4. *Place of Birth, (Street and Number)*	Free Lying-in Hospital 622 W Fombard St.
5. *Full Name of Mother,*	Lottie Smith.
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	Harry H. Arthur M.D.
Address,	622 W Fombard St
Remarks,	

8950000670

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62831

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Jan. 28, 1895. ✓

4. Place of Birth, (Street and Number) 1225 Druid Hill Ave ✓

5. Full Name of Mother, Catharine A. Burgess ✓

6. Mother's Maiden Name, Love ✓

7. Mother's Birthplace, Md. ✓

8. Full Name of Father, John A. Burgess ✓

9. Father's Occupation Artist ✓

10. Father's Birthplace, Ontario, Canada ✓

Name of Medical Attendant, or other person who makes this Return, G. Lane Taneyhill ✓

Address, 1103 Madison ave.

Remarks,

8 9 5 0 0 0 0 6 7 1

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62832

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, January 28th 1895
4. Place of Birth, (Street and Number) 320 Brunt st Baltimore Md
5. Full Name of Mother, Jane Chainey
6. Mother's Maiden Name, Perry
7. Mother's Birthplace, Calvert County MD
8. Full Name of Father, James Chainey
9. Father's Occupation Tailer
10. Father's Birthplace, Calvert County Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Boyson

Address, 1827 N. Calhoun st

Remarks,

0750000672

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13 4/4

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan - 29 - 1895
4. Place of Birth, (Street and Number) 611 N. Castle st.
5. Full Name of Mother, Catherine Neuberger
6. Mother's Maiden Name, " Witzberger
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank M. Neuberger
9. Father's Occupation, Watchman
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, Mary A. O. Fuller

Address, 613 N. Castle st

Remarks,

8450000673

Wm J C. Dulany Co., City Printers and Stationers.

The Certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62833½

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan - 29 - 1895
4. Place of Birth, (Street and Number) 613 N. Castle st.
5. Full Name of Mother, Catherine Neuberger
6. Mother's Maiden Name, " " Withberger
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank W. Neuberger
9. Father's Occupation, Watchman
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, Mary H Fuller

Address, 613 N. Castle st.

Remarks,

8 7 5 U 0 0 0 0 6 7 4

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Record.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth, January 29th 1895.
4. Place of Birth, (Street and Number) 730 N. Eutaw St.
5. Full Name of Mother, ada. ~~Miller~~ Duvall
6. Mother's Maiden Name, ada. Miller.
7. Mother's Birthplace, Allegany Co. Md.
8. Full Name of Father, Herbert. H. Duvall.
9. Father's Occupation Gas. Fitter
10. Father's Birthplace, Baltimore. Md.

Name of Medical Attendant, or other person who makes this Return, Mary. Fossett.

Address, 563 Dolphin St

Remarks,

8455000675

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 62835

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 29th 1895.

4. Place of Birth, (Street and Number) 1822 E. Monument St.

5. Full Name of Mother, Olivia Ann Sweetser

6. Mother's Maiden Name, Olivia Ann Linzey

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Daniel Herbert Sweetser

9. Father's Occupation, Diler on Steamship

10. Father's Birthplace, Near Cape Cod

Name of Medical Attendant, or other person who makes this Return. Ann Forrest

Address, 715 Durham St.

Remarks,

8450000676

DULANY & CO., CITY PRINTERS AND STATIONERS

...section shall be subject to a penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elfrieda Lawrence

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* [illegible] Island - 1895

3. *Date of Birth,* [illegible] 1736 N. Gilmor St

4. *Place of Birth, (Street and Number)* Minnie Lawrence

5. *Full Name of Mother,* Mabel A. Lawrence

6. *Mother's Maiden Name,* Baltimore

7. *Mother's Birthplace,* Emil Lawrence

8. *Full Name of Father,* Artist

9. *Father's Occupation* Germany

10. *Father's Birthplace,* 1736 N. Gilmor St

Name of Medical Attendant, or other person who makes this Return.

Address, GIVEN NAME ADDED. 7-3-53

Remarks,

8950000677

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 " "

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* Col'd
3. *Date of Birth,* Jan 31 " 1895
4. *Place of Birth, (Street and Number)* 1713 Mulliken St
5. *Full Name of Mother,* Emma Lewis
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Va.
8. *Full Name of Father,* Thomas Lewis
9. *Father's Occupation* Stevedore
10. *Father's Birthplace,* Va.

Name of Medical Attendant, or other person who makes this Return, Louisa Stafford

Address, her X Mark

Remarks.

8950000678

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 31/95
4. *Place of Birth, (Street and Number)* 41 Eagle Street Balto.
5. *Full Name of Mother,* Sarah Volck
6. *Mother's Maiden Name,* Sarah Liverman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Lipman Volck
9. *Father's Occupation* Tin Worker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Lena Barber

Address, 41 Eagle Street Balto

Remarks,

8 9 5 0 0 0 0 6 7 9

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1-2-931
4. Place of Birth, (Street and Number) 1923 Riegel St.
5. Full Name of Mother, Sarah E. Arnold
6. Mother's Maiden Name, " " "
7. Mother's Birthplace, Garrett Co. Md
8. Full Name of Father, Lee L. Kepheart
9. Father's Occupation, Electrician
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, W. E. Perry M.D.

Address, 1923 E. Chase St.

Remarks,

8 9 5 0 0 0 0 6 8 0

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 3 95
4. *Place of Birth, (Street and Number)*	1007 Greenmount ave
5. *Full Name of Mother,*	Cintha Virginia Ely
6. *Mother's Maiden Name,*	Cintha Veaney
7. *Mother's Birthplace,*	Pa.
8. *Full Name of Father,*	George Olaney
9. *Father's Occupation*	Machinist
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return,	J. W. Robinson M.D.
Address,	926 E. Fayette St
Remarks,	

8950000681

Wm. J. C. Dulany Co., City Printers and Stationers.

The full name of each child, if any shall have been born alive, sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 62841

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 3 January 1895
4. *Place of Birth, (Street and Number)* 935 Chester st
5. *Full Name of Mother,* Uhelumena Vechak
6. *Mother's Maiden Name,* Uhelumena Kosher
7. *Mother's Birthplace,* Bahemia
8. *Full Name of Father,* Joseph Vechak
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Bahemia

Name of Medical Attendant, or other person who makes this Return Josephan Conrad

Address, 1621 Barnes st Balto

Remarks,

8 7 5 0 0 0 0 6 8 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 62842

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3 January
4. Place of Birth, (Street and Number) 1107 Preston St
5. Full Name of Mother, Annie Hadjian
6. Mother's Maiden Name, Golden
7. Mother's Birthplace, Ireland
8. Full Name of Father, Michael John Hadjian
9. Father's Occupation, —
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Anna Miller

Address, 920 N. Central Av.

Remarks, /

8950000683

Wm J C Dulany Co., City Printers and Stationers.

...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62843

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) colin
3. Date of Birth, 3 January
4. Place of Birth, (Street and Number) 1412 Hanover st
5. Full Name of Mother, Hazie Robel
6. Mother's Maiden Name, Mullon
7. Mother's Birthplace, Balt.
8. Full Name of Father, Edw Robel
9. Father's Occupation,
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Haber

Address, 773 N. Entaw Avenue

Remarks,

8 7 5 0 0 0 0 6 8 4

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 62844

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Marsh 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Light Brown Skin
3. *Date of Birth,* January 5th 1895
4. *Place of Birth, (Street and Number)* 1412 Mulkin St
5. *Full Name of Mother,* Lucinda Mrs Marsh
6. *Mother's Maiden Name,* Lucinda Alizer
7. *Mother's Birthplace,* Talbot County Eastern Shore
8. *Full Name of Father,* John Wesley Marsh
9. *Father's Occupation,* Coachman
10. *Father's Birthplace,* Annearundel County and

Name of Medical Attendant, or other person who makes this Return, Annie Forest

Address, 175 Durham St

Remarks,

8950000685

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

The said Schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62845

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7 Jan, 1895
4. *Place of Birth, (Street and Number)* 123 E. Lombard St
5. *Full Name of Mother,* Eva Oltfeld
6. *Mother's Maiden Name,* Levin
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Solomon Oltfeld
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Lehrman

Address, 42 Alexander St.

Remarks, ...

The Physician, Midwife, or other person who shall attend at the birth of any child, shall write the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

8950000686

CERTIFICATE CORRECTED 2-5-51

RETURN OF A BIRTH. 62846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Philip Meisel

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7 Jan 1895
4. Place of Birth, (Street and Number) 907 Little St
5. Full Name of Mother, Hannah ~~Louise~~ (Ruth) Meisel
6. Mother's Maiden Name, " Blum
7. Mother's Birthplace, Russia
8. Full Name of Father, Solomon ~~Ruth~~ Meisel
9. Father's Occupation, Clerk
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, L. Sherman

Address, 412 Edmondson Ave

Remarks,

Wm J C. Dulany Co., City Printers and Stationers.

1895000006 87

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male Samuel
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7 Jan 1895
4. Place of Birth, (Street and Number) 852 E. Pratt Boardman
5. Full Name of Mother, Rachel Brodzynsky
6. Mother's Maiden Name, Friedman
7. Mother's Birthplace, Russia
8. Full Name of Father, Abram Brodzynsky
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Silverman

Address, 72 Albemarle St

Remarks,

6950000688

Wm J C. Dulany Co., City Printers and Stationers.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62848

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 8 95
4. *Place of Birth, (Street and Number)*	306 West St.
5. *Full Name of Mother,*	Mary A. Bowes
6. *Mother's Maiden Name,*	Mary A. McDonnell
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	William J. Bowes
9. *Father's Occupation*	Motorman
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	H. Robinson M.D.
Address,	736 E. Fleet St
Remarks,	

8950000689

Been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 12849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 9th 1898
4. *Place of Birth, (Street and Number)* 917 Canton St.
5. *Full Name of Mother,* Theresa Connors
6. *Mother's Maiden Name,* Theresa Walsh
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Thomas Connors
9. *Father's Occupation,* Driver Buggy & Wagon
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. David W. Jones

Address, 318 O'Donnell St.

Remarks,

8950000690

Wm Murphy & Co., City Printers and Stationers.

This schedule shall contain a ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 62850

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (State whether male ~~or female~~)
2. Race or color, (~~if not of the~~ white race)
3. Date of Birth, January 1 1895
4. Place of Birth, (Street and Number) 317 N Calvert
5. Full Name of Mother, Martha G Goodhand
6. Mother's Maiden Name, " " Harrington
7. Mother's Birthplace, Queen Annes Co Md
8. Full Name of Father, J. E. W. Goodhand
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mrs J. Chesnut

Address, 1816 E Pratt St

Remarks, Jaw Presentation

8950000691

Penalty. Any person who shall neglect or refuse to make the return of birth as herein set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62851

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7 June 1895
4. *Place of Birth, (Street and Number)* 123 S. Exeter St
5. *Full Name of Mother,* Annie Lachs
6. *Mother's Maiden Name,* Datz
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Louis Lachs
9. *Father's Occupation,* Cap maker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E. Schusman

Address, 42 Altamont

Remarks,

8 4 5 0 0 0 0 6 9 2

Wm J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 10th 1895
4. *Place of Birth, (Street and Number)* 2024 Elting
5. *Full Name of Mother,* Mary Curtis
6. *Mother's Maiden Name,* Mary Lee
7. *Mother's Birthplace,* Baltimore md
8. *Full Name of Father,* Richd. H. T. Curtis
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore md

Name of Medical Attendant, or other person who makes this Return. Sarah E. Dyke

Address, 612 Collett St

Remarks,

8950000693

RETURN OF A BIRTH. 62853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12 June 1895
4. Place of Birth, (Street and Number) 405 E. Fayette St
5. Full Name of Mother, Hetty Fridler
6. Mother's Maiden Name, Greenbaum
7. Mother's Birthplace, Russia
8. Full Name of Father, Abram Fridler
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, G Heberman

Address, 72 Albemarle St

Remarks,

8950000694

Wm J C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 4, 95
4. Place of Birth, (Street and Number) 625 E Lombard St
5. Full Name of Mother, Lena Godlewitch
6. Mother's Maiden Name, Lidel
7. Mother's Birthplace, Russia
8. Full Name of Father, Herman Godlewitch
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E Sherman

Address, 62 Albemarle St

Remarks,

8 9 5 0 0 0 0 6 9 5

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6-10-53

RETURN OF A BIRTH. 62855

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marie Kimpel

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6 Jan 1935
4. Place of Birth, (Street and Number) 22 N. Exeter St.
5. Full Name of Mother, Maggie Kimpel
6. Mother's Maiden Name, Shoemack
7. Mother's Birthplace, Balto.
8. Full Name of Father, August Kimpel
9. Father's Occupation, Wagon driver
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Lyon E. Fetterman

Address, 72 Albemarle St.

Remarks,

8 9 5 0 0 0 0 6 9 6

And schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62816

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17 January
4. *Place of Birth, (Street and Number)* 1621 Ewing st.
5. *Full Name of Mother,* Ellen Hub
6. *Mother's Maiden Name,* Lynahan
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Henri Hub
9. *Father's Occupation,*
10. *Father's Birthplace,* Washington

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 918 N Central Ave.

Remarks,

8950000697

Wm J C. Dulany Co., City Printers and Stationers.

...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W.
3. Date of Birth, January 17 95
4. Place of Birth, (Street and Number) 838 Hart
5. Full Name of Mother, Eliz. Allison
6. Mother's Maiden Name, Smith
7. Mother's Birthplace, Md
8. Full Name of Father, John Allison
9. Father's Occupation Driver
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, J. H. Robinson M.D.

Address, 726 E. Pratt St.

Remarks,

8950000698

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 18 95
4. Place of Birth, (Street and Number) 938 E. Biddle
5. Full Name of Mother, Emma Arnold
6. Mother's Maiden Name, Harris
7. Mother's Birthplace, Md.
8. Full Name of Father, Wm Arnold
9. Father's Occupation Clerk
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, A. Robinson

Address, 726 E. Preston St

Remarks,

8 9 5 0 0 0 0 6 9 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Madeira st 511
4. Place of Birth, (Street and Number) Jan 19 1895
5. Full Name of Mother, Annie Hudak
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Michal Hudak
9. Father's Occupation Baroness
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Mary Kapsias

Address, S Washington 203

Remarks,

8 9 5 0 0 0 0 7 0 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62860

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female - Maria Augusta Schlag
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1-20-39.
4. Place of Birth, (Street and Number) 830 E Eager St.
5. Full Name of Mother, ~~Louisa Schlag~~ Louise Ruehl Schlag
6. Mother's Maiden Name, Ruehl
7. Mother's Birthplace, Germany.
8. Full Name of Father, Adolph H. ~~Schlag~~ Schlag
9. Father's Occupation, Baker
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, W. P. Denny M.D.

Address, 206 E. Chase St.

Remarks, See document file Reg. No. A 40592.

8 9 5 0 [illegible] 0 7 0 1 Reg

May 3-1939.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 Jan 1895
4. Place of Birth, (Street and Number) 823 Caroline
5. Full Name of Mother, Sarah Mirapitch
6. Mother's Maiden Name, Cohen
7. Mother's Birthplace, Russia
8. Full Name of Father, Conrad Mirapitch
9. Father's Occupation, Peddler
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Schaumann

Address, 72 Albemarle St

Remarks,

Wm J C. Dulany Co., City Printers and Stationers.

8950000702

Every birth shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62862

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 24 1895
4. Place of Birth, (Street and Number) 420 N Washington Ave
5. Full Name of Mother, Sophia Weinberg
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Philip Weinberg
9. Father's Occupation Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Harry Kaplan

Address, 420 N Washington Ave

Remarks,

8950000703

Every birth occurring in this city, the full name of each child, (if any shall have been determined) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

The full name of each child, (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 25 1895
4. *Place of Birth, (Street and Number)* Bay st 1506½
5. *Full Name of Mother,* Emma Ehaph
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germen
8. *Full Name of Father,* Edward Ehaph
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Kaplis

Address, N Washington st 205

Remarks,

8 9 5 0 0 0 0 7 0 4

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 25 1895
4. Place of Birth, (Street and Number) N Castle st 803
5. Full Name of Mother, Mary Konbenets
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohainey
8. Full Name of Father, August Konbenets
9. Father's Occupation, Tabor
10. Father's Birthplace, Bohainey

Name of Medical Attendant, or other person who makes this Return, Mary Konbenets

Address, N Washington 205

Remarks,

8 9 5 0 0 0 0 7 0 5

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62865

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Fml
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 25th 1895
4. *Place of Birth, (Street and Number)*	1608 Division
5. *Full Name of Mother,*	Lilly Shaffer
6. *Mother's Maiden Name,*	Forrester
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Chas Shaffer
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	Georgia
Name of Medical Attendant, or other person who makes this Return,	Chas E Sadler
Address,	1839 Bolton St
Remarks,	

8 9 5 0 0 0 0 7 0 6

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

62866

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name of Child: Bessie ~~Richardson~~ Blair

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Jan 2nd 95
4. *Place of Birth (Street and Number)*	717 Harlem Ave.
5. *Full Name of Mother*	Hattie Blair
6. *Mother's Maiden Name*	" Richardson
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	J. Taylor Blair
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Wm. B. Rider
Address	717 Harlem Ave.
Remarks	

8 4 5 0 0 0 0 7 0 7

...thereof, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 65867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25 Jan, 1895
4. Place of Birth, (Street and Number) 28 Wright St
5. Full Name of Mother, Lena Jacobs
6. Mother's Maiden Name, Goldstein
7. Mother's Birthplace, Russia
8. Full Name of Father, Bennie Jacobs
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Lehrman

Address, 42 Albemarle St

Remarks,

Wm J C. Dulany Co., City Printers and Stationers.

0 7 5 0 0 0 0 7 0 8

the child, if any shall have the date and place of birth; and the first and the first and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62868

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 26 1895
4. *Place of Birth, (Street and Number)* 1 Chapple at 523
5. *Full Name of Mother,* Sophie Svehla
6. *Mother's Maiden Name,* Bohemian
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* John Svehla
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Mrs Sophie A Washington

Address,

Remarks,

8 9 5 0 0 0 0 7 0 9

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62869

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan. 26/95
4. Place of Birth (Street and Number)	842 Woodward St
5. Full Name of Mother	Clara Fallon
6. Mother's Maiden Name	" Hofman
7. Mother's Birthplace	Maryland
8. Full Name of Father	William Fallon
9. Father's Occupation	Candy-maker
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Dr. B. Rider
Address	67 Harlem Ave.
Remarks	

8950000710

RETURN OF A BIRTH. 6 s 870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Kind
1. *Sex, (state whether male or female)*	Knabe
2. *Race or Color, (if not of the white race)*	white race
3. *Date of Birth,*	26 Januar 1895
4. *Place of Birth, (Street and Number)*	1159 L. Mc Elldery St
5. *Full Name of Mother,*	
6. *Mother's Maiden Name,*	Serry Rosenfeld
7. *Mother's Birthplace,*	Europa
8. *Full Name of Father,*	Wm. Rosenfeld
9. *Father's Occupation,*	Bigler
10. *Father's Birthplace,*	Europa
Name of Medical Attendant, or other person who makes this Return.	
Address,	Lina Hendler
Remarks,	1113 E. Pratt St

8 7 5 0 0 0 0 7 1 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED. 10-16-63

RETURN OF A BIRTH. 62871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Joseph F. ~~Moeller~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, 27 January, 1895
4. Place of Birth, (Street and Number) 935 Cent.
5. Full Name of Mother, Lizie Moeller
6. Mother's Maiden Name, Krogeser
7. Mother's Birthplace, Balt.
8. Full Name of Father, Joseph Moeller
9. Father's Occupation, Cigarmaker
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 N. Central Avenue

Remarks,

8 9 5 0 0 0 0 7 1 2

(over)

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 1-27-49

RETURN OF A BIRTH. 62872

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* (Female) MALE- Jacob
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24 Jan 1895
4. *Place of Birth, (Street and Number)* 1121 Mc Dallie court
5. *Full Name of Mother,* Annie (Shinberg) Schimberg
6. *Mother's Maiden Name,* Lachmanie
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Frank (Shinberg) Schimberg
9. *Father's Occupation,* Trader
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Thurman

Address, 72 Albemarle St

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

8950000713

RETURN OF A BIRTH. 62873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 27 1895
4. Place of Birth, (Street and Number) N Washington st No 205
5. Full Name of Mother, Annie Novak
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohaimen
8. Full Name of Father, Frank Novak
9. Father's Occupation Laber
10. Father's Birthplace, Bohaimen

Name of Medical Attendant, or other person who makes this Return, Mary Hopkins

Address, N Washington st 205

Remarks,

8 9 5 0 0 0 0 7 1 4

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 27 1895
4. Place of Birth, (Street and Number) Bethel st 794
5. Full Name of Mother, Barbara Skrezina
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Charles Skrezina
9. Father's Occupation Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Shaffer

Address, N Washington 205

Remarks,

8950000715

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62835

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 1-27-901.
4. Place of Birth, (Street and Number) 1105 Fulton.
5. Full Name of Mother, Annie Lynch
6. Mother's Maiden Name, " Bannon.
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, Frank X. Lynch
9. Father's Occupation, Block Layer.
10. Father's Birthplace, Md. D.C.

Name of Medical Attendant, or other person who makes this Return, R. B. Kerby M.D.

Address, 708 E. Chase St.

Remarks, 8950000716

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 12876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 28 Jan 1875
4. Place of Birth, (Street and Number) 213 Eden St
5. Full Name of Mother, Eliza Lewinsky
6. Mother's Maiden Name, Albert
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis Lewinsky
9. Father's Occupation, Watch maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Schuman

Address, 42 Aisquith St

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

8950000717

RETURN OF A BIRTH. 62877

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Jan 28/95
4. *Place of Birth (Street and Number)*	1334 Linden St
5. *Full Name of Mother*	Louisa Hagedorn
6. *Mother's Maiden Name*	Graeston
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	John Hagedorn
9. *Father's Occupation*	Baker
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Wm B. Miller
Address	567 Harlem Ave.
Remarks	

8 9 5 0 0 0 0 7 1 8

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 63878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child Violet Madeline Eve.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy and Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 29 1895
4. Place of Birth, (Street and Number) Lafayette ave 626
5. Full Name of Mother, Mary Elsie Tiechen
6. Mother's Maiden Name, Eve
7. Mother's Birthplace, Saxony
8. Full Name of Father, Henry Eve
9. Father's Occupation Barber
10. Father's Birthplace, Prussia

Name of Medical Attendant, or other person who makes this Return, Mary Shoptaw

Address, 20 Washington

Remarks,

8950000719

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29 January 1895
4. Place of Birth, (Street and Number) 512 Aliceanna St
5. Full Name of Mother, Annie Sandler
6. Mother's Maiden Name, Hoffman
7. Mother's Birthplace, Russia
8. Full Name of Father, Jake Sandler
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Ashenman

Address, 42 Baltimore St

Remarks,

1895 00007 20

Wm J. C. Dulany Co., City Printers and Stationers.

When a birth occurs, only signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29 January
4. Place of Birth, (Street and Number) 129 East St
5. Full Name of Mother, Maggie C Potts
6. Mother's Maiden Name, Maggie C Driver
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William H Potts
9. Father's Occupation, laber man
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Susan Waters

Address, 1218 Gaild st

Remarks,

8 9 5 0 0 0 0 7 2 1

Wm J C. Dulany Co., City Printers and Stationers.

Every birth shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* January the 30 1895
4. *Place of Birth, (Street and Number)* 832 - nrs Penn St
5. *Full Name of Mother,* Lilie hall
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* harry hall
9. *Father's Occupation* Color
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Lissie Lucas

Address, 703 Guilford Court

Remarks,

8 9 5 0 0 0 0 7 2 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 12882

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 31 95
4. *Place of Birth, (Street and Number)*	1630 N. Durham St city
5. *Full Name of Mother,*	Barbara Lüsken
6. *Mother's Maiden Name,*	" Feilner
7. *Mother's Birthplace,*	Balto city
8. *Full Name of Father,*	Hermann Lüsken
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Elias
Address,	~~1630 N. Durham St~~
Remarks,	1625 Hopkins Av. non
	1638

6 9 5 U 0 0 0 7 2 3

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 1st 1895
4. *Place of Birth, (Street and Number)* Maternité Hospital 115 W Lombard
5. *Full Name of Mother,* Ella Eckhart
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Pa
8. *Full Name of Father,* Unknown
9. *Father's Occupation,* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return, Alfred J Gundry M.D

Address, 115 W Lombard St

Remarks,

8 9 5 0 0 0 0 7 2 4

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62884

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 2d 1895
4. Place of Birth, (Street and Number) 624 Hanover St.
5. Full Name of Mother, Johanna Michel
6. Mother's Maiden Name, Weber
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis L. Michel
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, H. W. Webner, M.D.

Address, 723 W. Lombard St.

Remarks, Natural Labor.

8 4 5 0 0 0 0 7 2 5

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62885

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 2nd 1895
4. *Place of Birth, (Street and Number)*	708 E. Chase St.
5. *Full Name of Mother,*	~~Louisa~~ Louisa Nolan
6. *Mother's Maiden Name,*	Louisa Seibold.
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	John D. Nolan
9. *Father's Occupation*	City Employee
10. *Father's Birthplace,*	Baltimore, Md.
Name of Medical Attendant, or other person who makes this Return,	Wilmer Brinton, M.D.
Address,	S.W. cor. Calvert & Preston Sts.
Remarks,	

8 9 5 0 0 0 0 7 2 6

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Dec. Janry. 2" 1895
4. Place of Birth, (Street and Number) 18 center Market Space
5. Full Name of Mother, Jane Richmond
6. Mother's Maiden Name, Jane Melcher
7. Mother's Birthplace, Russia
8. Full Name of Father, Davis Richmond
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Clara Kasan

Address, 68 center Market space

Remarks,

1895 00000727

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 65887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 3rd '95.
4. Place of Birth; (Street and Number) 278 Old York Rd.
5. Full Name of Mother, Orlena J. Patterson
6. Mother's Maiden Name, " " Van Zandt
7. Mother's Birthplace, New York State
8. Full Name of Father, Thomas H. Patterson
9. Father's Occupation, Florist
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, J. B. Hart

Address, 815 Jefferson Ave

Remarks, Waverly

8 7 5 0 0 0 0 7 2 8

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 4th '95
4. Place of Birth, (Street and Number) 1213 E. North Ave
5. Full Name of Mother, Ida B. Hand
6. Mother's Maiden Name, " " Cole
7. Mother's Birthplace, Balto Co
8. Full Name of Father, Jno. T. Hand
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J. B. Hart

Address, 813 Jefferson Ave

Remarks, Wavely Balto

18950000729

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 5th '95-
4. Place of Birth, (Street and Number) 404 Calvin Ave
5. Full Name of Mother, Florence E. Cobhum
6. Mother's Maiden Name, " " Spence
7. Mother's Birthplace, Balto
8. Full Name of Father, Wesley Cobhum
9. Father's Occupation, Police Sergt
10. Father's Birthplace, Ill-

Name of Medical Attendant, or other person who makes this Return, J. B. Hart

Address, 815 Jefferson Ave. Woodly Balto

Remarks,

8950000730

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th and 8th

1. Sex, (state whether male or female) Male and Female (Twins)
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 5th 1895
4. Place of Birth, (Street and Number) 502 Biddle St.
5. Full Name of Mother, Tiny Clayton
6. Mother's Maiden Name,
7. Mother's Birthplace, Centreville, Queen Anne Co. Md.
8. Full Name of Father, Alexander Smith
9. Father's Occupation Laborer
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Ida Pollack M. D.

Address, 1030 McCulloh St.

Remarks, 8750000731

The occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 12891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child

1. *Sex, (state whether male or female)* 3rd child male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jany. 5th 1895
4. *Place of Birth, (Street and Number)* 1354 Goff St.
5. *Full Name of Mother,* Gilly Kohn
6. *Mother's Maiden Name,* Gilly Shulerman
7. *Mother's Birthplace,* Prussia
8. *Full Name of Father,* Abraham Kohn
9. *Father's Occupation* Ladies Clothing Store
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Clara Rosen

Address, 68 centre Market Space

Remarks,

18950000732

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6 January
4. Place of Birth, (Street and Number) Rose Str. 708
5. Full Name of Mother, Mari, Lindhurd
6. Mother's Maiden Name, Fuke
7. Mother's Birthplace, Böhmen
8. Full Name of Father, Frank Lindhurd
9. Father's Occupation Stividoll ~~Stividoll~~ Steidoll
10. Father's Birthplace, Böhmen

Name of Medical Attendant, or other person who makes this Return, Mari Pitl

Address, E. Bond Str. 838

Remarks,

8 9 5 0 0 0 0 7 3 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 62893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~) .....

1. Sex, (State whether male ~~or female~~) .....
2. Race or color, (~~if not of the~~ white race) .....
3. Date of Birth, June 6 1905
4. Place of Birth, (Street and Number) 804 Lanvale St
5. Full Name of Mother, Minnie L. Steiner
6. Mother's Maiden Name, ...
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Jno A Knight
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Dr Hurst MD

Address, 1502 N Howard

Remarks, Mother & Baby well

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

8 9 5 0 0 0 0 7 3 4

Very sorry to have overlooked & neglected to forward this earlier. L.

RETURN OF A BIRTH. 62894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 St

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 6/95
4. Place of Birth, (Street and Number) Maternité Hospital 115 W Lombard St
5. Full Name of Mother, Maud Grumbine
6. Mother's Maiden Name, Unknown
7. Mother's Birthplace, U.S.
8. Full Name of Father, Unknown
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return. Alfred Gundry M.D.

Address, 115 W Lombard St

Remarks,

8 7 5 0 0 0 0 7 3 5

The certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62895

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 7th '95-
4. Place of Birth, (Street and Number) 14 Gorsuch Ave Homestead
5. Full Name of Mother, Ella S. Georges-
6. Mother's Maiden Name, " " Kemp
7. Mother's Birthplace, Maryland
8. Full Name of Father, Jno. C. Georges
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, J. B. Hart

Address, 813- Jefferson Ave Waverly Balto

Remarks,

8950000736

Wm J. C. Dulany Co., City Printers and Stationers.

All certificates shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd.
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 7th 1895
4. *Place of Birth, (Street and Number)*	321 W. 21st.
5. *Full Name of Mother,*	Jennie Jones
6. *Mother's Maiden Name,*	Jennie Lay
7. *Mother's Birthplace,*	Balt. Co. Md.
8. *Full Name of Father,*	John Jones
9. *Father's Occupation*	N. C. & R. R. Employee (Engineer)
10. *Father's Birthplace,*	Balto Co. Md.
Name of Medical Attendant, or other person who makes this Return,	Wilmer Brinton, M.D
Address,	S. W. cor. Calvert & Preston Sts
Remarks,	

8 9 5 0 0 0 0 7 3 7

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 8th '95
4. Place of Birth, (Street and Number) 17 Brady Ave
5. Full Name of Mother, Ella V. Bailey
6. Mother's Maiden Name, " " Cole
7. Mother's Birthplace, Maryland
8. Full Name of Father, Geo. P. T. Bailey
9. Father's Occupation, Motorman
10. Father's Birthplace, Balt. Co.

Name of Medical Attendant, or other person who makes this Return. J. B. Stark

Address, 813 Jefferson Ave Waverly Balto

Remarks,

6950000738

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 9th 1895
4. *Place of Birth, (Street and Number)* 913 Morris Alley
5. *Full Name of Mother,* Mary Emack
6. *Mother's Maiden Name* Mary Jury
7. *Mother's Birthplace,* Dent Colonna Co
8. *Full Name of Father,* George Emack
9. *Father's Occupation* Sailor
10. *Father's Birthplace,* Dent Colonna Co

Name of Medical Attendant, or other person who makes this Return, Hester Lorane

Address, 679 Preston St

Remarks,

8950000739

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 5-13-49

RETURN OF A BIRTH. 62899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edgar Ellis ~~Richards~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 w

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Jan 10 d 1895

4. Place of Birth, (Street and Number) 1113 E Preston St

5. Full Name of Mother, Virginia Richards

6. Mother's Maiden Name, Murray

7. Mother's Birthplace, Balto

8. Full Name of Father, John E Richards

9. Father's Occupation Machinist

10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return, Dr A B Billingslea

Address, 1206 E Preston St

Remarks, 8 9 5 0 0 0 0 7 4 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62900

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 12th '95
4. Place of Birth, (Street and Number) 2041 E. North Ave
5. Full Name of Mother, Marie G. Dignan
6. Mother's Maiden Name, " " Pallette
7. Mother's Birthplace, Balto
8. Full Name of Father, Jno. P. Dignan
9. Father's Occupation, Letter Carrier
10. Father's Birthplace, California

Name of Medical Attendant, or other person who makes this Return, J. B. Hart

Address, 815 Hoffman Ave

Remarks, Waverly Balto

8950000741

When a birth occurs, the attendant at the birth, whether physician, midwife or other person, shall, within ten days after the birth, report the same to the Commissioner of Health, stating the name, sex and color of the child, the name and residence of the parents, and the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* ~~female~~ Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Jan 13th 1895
4. *Place of Birth, (Street and Number)* 1062 E. Preston St
5. *Full Name of Mother,* Mary A Bullock
6. *Mother's Maiden Name,* Berger
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Morton G Bullock
9. *Father's Occupation* Salesman
10. *Father's Birthplace,* Maine ~~Ohio~~ 2/5/20

Name of Medical Attendant, or other person who makes this Return J. M. B. Billingslea

Address, 1206 E. Preston St

Remarks,

8950000742

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62902

The Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) W White
3. Date of Birth, 13 January
4. Place of Birth, (Street and Number) 1 Ann St. 817
5. Full Name of Mother, Helen Winglevic
6. Mother's Maiden Name, Pole Zapalovic
7. Mother's Birthplace, Pole
8. Full Name of Father, Joseph Winglevic
9. Father's Occupation Workman
10. Father's Birthplace, Pole
11. Name of Medical Attendant, or other person who makes this Return, Meri Pretl
12. Address, S. Bond St. 858
13. Remarks,

8950000743

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. Gilmany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62903

The Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 15th 95.
4. Place of Birth, (Street and Number) 12 Wilson St. Towson
5. Full Name of Mother, Dorothy Taylor
6. Mother's Maiden Name, Quackenbos
7. Mother's Birthplace, Balto.
8. Full Name of Father, Michael J. Flaherty
9. Father's Occupation Physician B. C. & I.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, J. B. Hunt M.D.

Address, 815 Wilson Ave. Balto.

Remarks,

8 7 5 0 0 0 0 7 4 4

Wm. J. Clany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 7-28-26

RETURN OF A BIRTH. C-9114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name — George John Lessner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) ~~Male~~ Boy.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 15th, 1895
4. Place of Birth, (Street and Number) 1606 N. Hopkins Ave
5. Full Name of Mother, ~~Paulyne (Lessner)~~ Lessner
6. Mother's Maiden Name, Paulyne Anderson
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, ~~G Ed. Lessner~~ Lessner
9. Father's Occupation Collector for Sewing Machines
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Wilmer Brenton, M.D.

Address, S.W. Cor. Calvert & Preston Sts.

Remarks, GIVEN NAME ADDED 8-21-53 L.M.

8 7 5 0 0 0 0 7 4 5

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 5-14-57

RETURN OF A BIRTH. 65905

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Raymond Starr ~~Crowe~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, Jan 15th 1895
4. Place of Birth, (Street and Number) 1313 Hanover Ave
5. Full Name of Mother, Clara Crowe
6. Mother's Maiden Name, Starr
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm Robt Crowe
9. Father's Occupation Locksmith
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Jno B Billingsley

Address, 1206 E Preston St

Remarks,

8950000746

(Section conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62906

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female).* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 18 th 1895
4. *Place of Birth, (Street and Number)* 110 Durand St
5. *Full Name of Mother,* Lucy Herndon
6. *Mother's Maiden Name,* Lucy Herndon
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward Herndon
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* North Caroline

Name of Medical Attendant, or other person who makes this Return, Hester Cotanee

Address, 109 Preston St

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 62907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jany 15th 1895
4. Place of Birth, (Street and Number)	909 Light st
5. Full Name of Mother,	Emma B. Carroll (Mc Kenney)
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Jno Jay Carroll
9. Father's Occupation,	Constable
10. Father's Birthplace,	Va
Name of Medical Attendant, or other person who makes this Return,	R. C. Lee
Address,	Hanover st, cor Barre
Remarks,	8950000748

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62908

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 15th, 1895
4. *Place of Birth, (Street and Number)* 2129 Denison St
5. *Full Name of Mother,* Mary A Royal
6. *Mother's Maiden Name,* Mary Howard
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Walker Royal
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Chester Colonce

Address, 509 Preston St

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8 7 5 0 0 0 0 7 4 9

RETURN OF A BIRTH. 63909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 16 January 1909
4. *Place of Birth, (Street and Number)* 1706 Eutaw St
5. *Full Name of Mother,* Alberta Saulsings
6. *Mother's Maiden Name,* Alberta Jones
7. *Mother's Birthplace,* Calvert County
8. *Full Name of Father,* Horace Saulsings
9. *Father's Occupation* Public Work
10. *Father's Birthplace,* Calvert County

Name of Medical Attendant, or other person who makes this Return, Mrs Sarah Saulsings

Address, 1610 Lincoln St

Remarks,

1895000000750

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 6 1895

4. Place of Birth, (Street and Number) 1134 Hanover St

5. Full Name of Mother, Mamie (Green) Lyons

6. Mother's Maiden Name, Mamie (Green) Lyons

7. Mother's Birthplace, Charlotte, md.

8. Full Name of Father, Teackle Lyons

9. Father's Occupation Varnisher

10. Father's Birthplace, Crisfield, md

Name of Medical Attendant, or other person who makes this Return, Dr. R Leas Mc

Address, 2136 E. Heath St.

Remarks, Henry Hill

18950000751

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jany. 16th 1895
4. Place of Birth, (Street and Number) 161 E Peter St.
5. Full Name of Mother, Annie Richmond
6. Mother's Maiden Name, Annie Richmond
7. Mother's Birthplace, Prussia
8. Full Name of Father, Morris Solen
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Clara Rosan

Address, 68 centre Market Space

Remarks,

8950000752

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 January
4. Place of Birth, (Street and Number) 1711 Longfellow str.
5. Full Name of Mother, Valerie Ratajek
6. Mother's Maiden Name, Boundkowsky
7. Mother's Birthplace, Pole
8. Full Name of Father, Wojk Ratajek
9. Father's Occupation Hat Workman
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Marie Pretl

Address, C. Bond str. 838

Remarks,

8 9 5 0 0 0 0 7 5 3

Wm. J. C. Dulany Co., City Printers and Stationers.

...sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 16 1895
4. *Place of Birth, (Street and Number)* 67 Heath St Hollins
5. *Full Name of Mother,* Kate Hoffman
6. *Mother's Maiden Name,* Kate Bleinert
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Hoffman
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Dr R Carey

Address, 2132 Heath St

Remarks, Long Full

8950000754

Wm. J. C. Dulany Co,. City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 16 1893
4. *Place of Birth, (Street and Number)*	1141 Hanover St
5. *Full Name of Mother,*	Mary Goldsbur
6. *Mother's Maiden Name,*	Mary Tiker
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Charles Goldsbur
9. *Father's Occupation*	Fish dealer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Dr F. Caskey
Address,	0138 Eath St
Remarks,	Long Dist

1895000007 55

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 62915

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female).* Female
2. *Race or Color, (if not of the white race).* Colored
3. *Date of Birth.* January 17th 1904
4. *Place of Birth, (Street and Number).* Marrie Street
5. *Full Name of Mother,* Annion Softon
6. *Mother's Maiden Name,* Annion Brown
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Asher Softon
9. *Father's Occupation* Laboring
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Hester Colaw

Address, 509 Preston St

Remarks.

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 14th 1895
4. *Place of Birth, (Street and Number)* 938 Broadst
5. *Full Name of Mother,* Florence Fisher
6. *Mother's Maiden Name,* Florence Hall
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert Fisher
9. *Father's Occupation* Laboring
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Chester Colance

Address, 509 Preston St

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 62917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 17 1895
4. Place of Birth, (Street and Number) 130 Randall St
5. Full Name of Mother, Lee A Traitor
6. Mother's Maiden Name, Lee N. Traitor
7. Mother's Birthplace, Boito
8. Full Name of Father, D M Traitor
9. Father's Occupation Hod Carrt
10. Father's Birthplace, Baltd

Name of Medical Attendant, or other person who makes this Return, Dr. R Conley

Address, 2 E Eadall St

Remarks, Living Child

8755000758

Wm. J. C. Dulany Co., City Printers and Stationers.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62918

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 17, 1895
4. Place of Birth, (Street and Number) 608 N. North Ave.
5. Full Name of Mother, Mary E. Bridges
6. Mother's Maiden Name, Mary Eugenia Wills ~~Hitts~~
7. Mother's Birthplace, Gettysburgh, Pa.
8. Full Name of Father, John S. Bridges
9. Father's Occupation, Employing Printer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Howard A. Kelly

Address, 1406 Eutaw Place

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

8750000759

...color, the full name can be ascertained the full name of each child. (if any shall have ...child to report its birth to the Commissioner of Health. In case the birth of any child ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ...jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan. 17th 95
4. *Place of Birth, (Street and Number)* Filbert St. Tunnel
5. *Full Name of Mother,* Maggie J. Curran
6. *Mother's Maiden Name,* Thompson
7. *Mother's Birthplace,* Balto. Co.
8. *Full Name of Father,* William M. Curran
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, B. Hartwell

Address, 815 Jefferson Ave. Balto.

Remarks,

8 9 5 0 0 0 0 7 6 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62920

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17 January
4. *Place of Birth, (Street and Number)* 1 S. Broadway 706
5. *Full Name of Mother,* Josepha Kurnicevsky
6. *Mother's Maiden Name,* Mackowna
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Joseph Kurnicevsky
9. *Father's Occupation* Tomackery
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return,

Address, Mc. Pole

Remarks, S. Bond str. 838

8950000761

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62921

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17 January
4. Place of Birth, (Street and Number) 2120 Jenbrith st.
5. Full Name of Mother, Anna Doby
6. Mother's Maiden Name, Fuka
7. Mother's Birthplace, Böhmen
8. Full Name of Father, ~~Kate~~ Doby Charles
9. Father's Occupation Tomacker
10. Father's Birthplace, Böhmen

Name of Medical Attendant, or other person who makes this Return, Dr. Pratt

Address, S. Bond st. 838

Remarks,

8450000762

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62922

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6-

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18 January
4. Place of Birth, (Street and Number) Alicia la str. 1916
5. Full Name of Mother, Mary Novakovsky
6. Mother's Maiden Name, Lorek
7. Mother's Birthplace, Pole
8. Full Name of Father, Stiff Novakovsky
9. Father's Occupation Bärsalon
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, M. O'Neill

Address, 1. Bond str. 838

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62923

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 18th 1895
4. Place of Birth, (Street and ~~Number~~) 11th Street
5. Full Name of Mother, Clara Walles
6. Mother's Maiden Name, " Waddy
7. Mother's Birthplace, Baltimare
8. Full Name of Father, William Walles
9. Father's Occupation Labarer
10. Father's Birthplace, Baltimare

Name of Medical Attendant, or other person who makes this Return, R. G. Rankin M.D.

Address, Waverly Station Balto md.

Remarks,

8950000764

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female - Myrtle Irene Willis
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 19 1915
4. *Place of Birth, (Street and Number)* 610 E. St Paca.
5. *Full Name of Mother,* Maggie Willis
6. *Mother's Maiden Name,* [illegible] Filaherty
7. *Mother's Birthplace,* Kent Co. Md.
8. *Full Name of Father,* James A Willis
9. *Father's Occupation* R R Brakeman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Thos M Lumpkin M.D.

Address, 412 St Paca st

Remarks, Full name of child added by mother upon applying for Transcript Maggie I. Willis 2/8/31 Birth Index Clerk

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Wm. J. C. Dulany Co., City Printers and Stationers.

teen conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62925

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 19 1895

4. Place of Birth, (Street and Number) 1812 N. Dallas St.

5. Full Name of Mother, Christina Martin

6. Mother's Maiden Name, Christina Feage

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Martin

9. Father's Occupation Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J. Marbert M.D.

Address, 1701 Caroline St

Remarks (Mrs Martins House)

8 4 5 0 0 0 8 7 6 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 19 th 1895
4. *Place of Birth, (Street and Number)* 346 Biddle St
5. *Full Name of Mother,* Mary M. Saunders
6. *Mother's Maiden Name,* Mary Michael
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward Saunders
9. *Father's Occupation* Caterer
10. *Father's Birthplace,* Port Royal Caroline County Va

Name of Medical Attendant, or other person who makes this Return Hester Coleman

Address, 307 Preston St

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health; and the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 62927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 19 January

4. Place of Birth, (Street and Number) Thames St. 1506

5. Full Name of Mother, Luvixi Elles

6. Mother's Maiden Name, Cech

7. Mother's Birthplace, Böhmen

8. Full Name of Father, Joe Elles

9. Father's Occupation Fairman

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, A. M. Prell

Address, S. Bond St 838

Remarks,

8750000768

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62928

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1-19-95
4. *Place of Birth, (Street and Number)* 219 Christian St.
5. *Full Name of Mother,* Louisa Goldberg
6. *Mother's Maiden Name,* Louisa Schwonski
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Abe Goldberg
9. *Father's Occupation* Peddler
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Edw. Geer

Address,

Remarks,

been considered its sex, color, the full name and occupation of each child, (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8950000769

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62929

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Jan 20 95
4. *Place of Birth, (Street and Number)* 212 Exeter St.
5. *Full Name of Mother,* Rachael Brooks
6. *Mother's Maiden Name,* Rachael Heming
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Horace Brooks
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, Edward Geer

Address,

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8950000770

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62930

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lillian Genevieve ~~Hartman~~ Hartman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 20th 1895
4. *Place of Birth, (Street and Number)* 1314 Fairmont Av
5. *Full Name of Mother,* Nellie Hartman
6. *Mother's Maiden Name,* Glodey
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm Hartman
9. *Father's Occupation* Saloon Keeper
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. M. B. Billingslea

Address, 1206 E. Baltimore St

Remarks, CITIZEN FATHER ADDED 3-9-53

8 4 5 U 0 0 0 0 7 7 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Each child born alive in the City of Baltimore, whether living or dead, shall be registered, its sex, color, the full name and occupation of its parents, the date and place of birth; and if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 6s 931

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 20th 1895
4. Place of Birth, (Street and Number) ✱ 1118 N. Castle St
5. Full Name of Mother, Murrow Jane Johnson
6. Mother's Maiden Name, " " Bailey
7. Mother's Birthplace, Dorchester County Md.
8. Full Name of Father, Charles Johnson
9. Father's Occupation Labor
10. Father's Birthplace, Dorchester County ~~Md.~~ Md.

Name of Medical Attendant, or other person who makes this Return, Sarah Ann Jones

Address, 527 Patterson Park Ave.

Remarks,

8950000772

Wm. J. C. Dulany Co., City Printers and Stationers

Every child born within the limits of Baltimore City, whether white or colored, shall be registered, and the full name and occupation of its parents, the date and place of birth, and the name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 20th 26
4. Place of Birth, (Street and Number) 2648 York road
5. Full Name of Mother, Eugenia M Sparks
6. Mother's Maiden Name, Hillebrandt
7. Mother's Birthplace, Balto. Co.
8. Full Name of Father, Richard B. Sparks
9. Father's Occupation Engineer
10. Father's Birthplace, Balto. Co.

Name of Medical Attendant, or other person who makes this Return, G. B. Hartwig

Address, 815 Jefferson Ave Balto

Remarks,

8950000773

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62933

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d & Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, } Jan 20 1893

4. Place of Birth, (Street and Number) 1416 Fort Ave

5. Full Name of Mother, Kate Weller

6. Mother's Maiden Name, Kate Hingling

7. Mother's Birthplace, Frederick County

8. Full Name of Father, } Jno. } Weller

9. Father's Occupation Laborer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Dr. R. Carey

Address, 2132 Seattle St

Remarks, Home Well

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health; and the attendance without the attendance of a physician or practioner of midwifery, or should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 5 0 0 0 0 7 7 4

RETURN OF A BIRTH. 62934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Mother 1st child

1. Sex, (state whether male or female). Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 20th 1895
4. Place of Birth, (Street and Number) 855 Fayette St. Baltimore Md
5. Full Name of Mother, Celly Rozwicke
6. Mother's Maiden Name, Celly Rozwicke
7. Mother's Birthplace, Russia
8. Full Name of Father, ~~Harris~~ Goestein John Goestein
9. Father's Occupation Peddler
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Clara Kusan

Address, Clara Kusan 65 Centre market Space

Remarks,

8950000775

Wm. J. C. Dulany Co., City Printers and Stationers.

...and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62-935

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) b
3. Date of Birth, 1-20-93
4. Place of Birth, (Street and Number) Maternity Hospital, 115 W Lombard St
5. Full Name of Mother, Tamie Price
6. Mother's Maiden Name,
7. Mother's Birthplace, Va
8. Full Name of Father, Unknown
9. Father's Occupation, ..
10. Father's Birthplace, ..

Name of Medical Attendant, or other person who makes this Return, Alfred Hamilton M. D. 115 W Lombard St.

Address,

Remarks,

8 7 5 0 0 0 0 7 7 6

Wm J. C. Dulany Co., City Printers and Stationers.

Whenever a birth occurs as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) W
3. Date of Birth, 1-21-45
4. Place of Birth, (Street and Number) Maternity Hospital, 115 W Lombard
5. Full Name of Mother, Annie Burns
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md
8. Full Name of Father, Unknown
9. Father's Occupation, —
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Alfred T. Gundry M.D.

Address, 115 W Lombard

Remarks,

8 4 5 0 0 0 0 7 7 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21 January 1895
4. *Place of Birth, (Street and Number)* So. Baltimore & A. R. Co. Md.
5. *Full Name of Mother,* Meri Schultz / U. S. A.
6. *Mother's Maiden Name,* Kosar
7. *Mother's Birthplace,* Böhmen
8. *Full Name of Father,* Charles Schultz
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Böhmen

Name of Medical Attendant, or other person who makes this Return, ...

Address, M. Orell

Remarks, S. Bond str. 838

8750000778

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62938

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21 January 1895
4. *Place of Birth, (Street and Number)* 61 Bond St. yard
5. *Full Name of Mother,* Agnies Gottowsky
6. *Mother's Maiden Name,* Wegner
7. *Mother's Birthplace,* Rusland Pole
8. *Full Name of Father,* Florian Gottowsky
9. *Father's Occupation* Kepner
10. *Father's Birthplace,* Rusland Pole.

Name of Medical Attendant, or other person who makes this Return, M. Pott

Address,

Remarks,

6750000779

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* 1-22-95
4. *Place of Birth, (Street and Number)* Maternity Hospital, 115 W Lombard St
5. *Full Name of Mother,* Ida Smith
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Pa
8. *Full Name of Father,* Unknown
9. *Father's Occupation,* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return, Alfred T Gundry M.D.

Address, 116 W Lombard St

Remarks,

B 7 5 0 0 0 0 0 7 8 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 7-7-52

RETURN OF A BIRTH. 62940

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Richard Hood ~~Yates~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 26 24/55
4. Place of Birth, (Street and Number) 823 Warner St
5. Full Name of Mother, Addie L Yates
6. Mother's Maiden Name, Hood
7. Mother's Birthplace, Maryland
8. Full Name of Father, ~~Frank~~ Isaac T. Yates
9. Father's Occupation B. M. R.R
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Thos. M. Lumpkin M.D.

Address, 412 S Paca St

Remarks,

8950007801

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 24 1895
4. *Place of Birth, (Street and Number)* No 1032 E Lanvale st
5. *Full Name of Mother,* Mary Elizabeth O'Toole
6. *Mother's Maiden Name,* Mary E. Kelly
7. *Mother's Birthplace,* New York City
8. *Full Name of Father,* Michael F. O'Toole
9. *Father's Occupation* Restaurant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs M. Foster

Address, 1600 E Lanvale st

Remarks,

8 9 5 0 0 0 0 7 8 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 62942

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 24, 1895
4. *Place of Birth, (Street and Number)*	1125 Bruns ave
5. *Full Name of Mother,*	Emily Schwartz
6. *Mother's Maiden Name,*	Not known
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	George Schwartz
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return,	J. M. P. Cowland M.D.
Address,	1125 Bruns ave
Remarks,	

8950000783

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62943

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* January 25 1895
4. *Place of Birth, (Street and Number)* 1350 S Rockton st
5. *Full Name of Mother,* Agnes Hawkins
6. *Mother's Maiden Name,* Agnes Gray
7. *Mother's Birthplace,* Calvert county
8. *Full Name of Father,* James Hawkins
9. *Father's Occupation* laboring
10. *Father's Birthplace,* Calvert county

Name of Medical Attendant, or other person who makes this Return, Sarah Rollins

Address, 1610 Vincent st

Remarks,

8 9 5 0 0 0 0 7 8 4

been entered, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62 944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jany 25 95
4. *Place of Birth, (Street and Number)*	356 N Calvert St.
5. *Full Name of Mother,*	Mora Simmons
6. *Mother's Maiden Name,*	Mora Smyth
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Wm Simmons
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return,	Elbert Geer
Address,	
Remarks,	

8950000785

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62945

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 25th 1895
4. *Place of Birth, (Street and Number)* 1901 Jefferson St
5. *Full Name of Mother,* Barbara Hinkel
6. *Mother's Maiden Name,* (Barbara) Long
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Charles Hinkel
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Wm. B. Billingsley

Address, 1206 E. Preston St

Remarks, 8950000786

The above Return, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62946

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* ~~633 W Baso St~~ Jan 26 1895
4. *Place of Birth, (Street and Number)* 633 W Baso St
5. *Full Name of Mother,* Addie C. Wilcoxon
6. *Mother's Maiden Name,* " " Kuper
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Isaac M. Wilcoxon
9. *Father's Occupation* Stone Kuper
10. *Father's Birthplace,* Harford Co, Md.

Name of Medical Attendant, or other person who makes this Return, Thos. M. Lumpkin M.D.

Address,

Remarks,

8950000787

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 46946 1/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 4/95
4. *Place of Birth, (Street and Number)* 1331 Valley st.
5. *Full Name of Mother,* Mary E. Stinting
6. *Mother's Maiden Name,* " " Curtain
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* William J. Stinting
9. *Father's Occupation* Hostler
10. *Father's Birthplace,* Hagerstown Washington Co. Md

Name of Medical Attendant, or other person who makes this Return, Edna Baldwin

Address, 2 Aigburth

Remarks,

8 9 5 0 0 0 0 7 8 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 26th 1895
4. *Place of Birth, (Street and Number)* 1430 N. Broadway
5. *Full Name of Mother,* Laura Hetzelberger
6. *Mother's Maiden Name,* Laura Petherbridge
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Francis M. Hetzelberger
9. *Father's Occupation* Assistant Foreman in a ~~Furniture~~ Furnishing Manufactury Co.
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton, M.D.

Address, 1. W. Cor. Calvert & Preston Sts.

Remarks,

8 9 5 0 0 0 0 7 8 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62948

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 first

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* January 26th 1898
4. *Place of Birth, (Street and Number)* Parrish alley No 5 or
5. *Full Name of Mother,* Sarah Amiann
6. *Mother's Maiden Name,* Sarah Amiann
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* Hall, Julius
9. *Father's Occupation,* Common laber
10. *Father's Birthplace,* N. C. Md.

Name of Medical Attendant, or other person who makes this Return. Carrie Reid

Address, Parrish alley, No. 4.17

Remarks,

8 7 5 0 0 0 0 7 9 0

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62949

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Blk

3. Date of Birth, January 27 - 95

4. Place of Birth, (Street and Number) 1867 Robert

5. Full Name of Mother, Emma Charlotte Robins

6. Mother's Maiden Name, Emma Robins

7. Mother's Birthplace, City

8. Full Name of Father, Jno Christie

9. Father's Occupation Laborer

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, Edwin Geer

Address,

Remarks,

8950000791

The Superintendent shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 28, 95
4. *Place of Birth, (Street and Number)* 1220 Eden St
5. *Full Name of Mother,* Rose McCabe
6. *Mother's Maiden Name,* Rose Doyle
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* James McCabe
9. *Father's Occupation* Police officer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, W. Cunningham

Address,

Remarks,

8 9 5 0 0 0 0 7 9 2

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 28 Jan
4. Place of Birth, (Street and Number) 200 N Gay St
5. Full Name of Mother, Rachel Freid
6. Mother's Maiden Name, Gent
7. Mother's Birthplace, Balto Co.
8. Full Name of Father, Meyer Freid
9. Father's Occupation, Store
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs R Mlig

Address, 1302 E Lexington

Remarks,

8 4 5 U 0 0 0 7 9 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62952

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 28 Jan
4. Place of Birth, (Street and Number) 1423 Orleans St
5. Full Name of Mother, Nellie Murphy
6. Mother's Maiden Name, " Woods
7. Mother's Birthplace, Ireland
8. Full Name of Father, Geo Murphy
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs R Ully

Address, 1302 E Lexington St

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 62953

GIVEN NAME ADDED, 12-12-6 [redacted]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Joanna Leigh Lloyd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 28, 1895.
4. Place of Birth, (Street and Number) 1120 St. Paul St.
5. Full Name of Mother, Mary D Lloyd.
6. Mother's Maiden Name, Mary Donnell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Chas Howard Lloyd.
9. Father's Occupation, Farmer.
10. Father's Birthplace, Talbot Co. Md.

Name of Medical Attendant, or other person who makes this Return. Howard A. Kelly.

Address, 1406 Eutaw Place.

Remarks,

8 9 5 0 0 0 0 7 9 5

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 62954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 28/95
4. Place of Birth, (Street and Number) 311 N. Carrollton ave,
5. Full Name of Mother, Stella Herman
6. Mother's Maiden Name, Ruth
7. Mother's Birthplace, Queen Anne Co. Md.
8. Full Name of Father, John Herman
9. Father's Occupation, Printer
10. Father's Birthplace, Belair Harford Co Md.

Name of Medical Attendant, or other person who makes this Return, H. W. Hebner M.D.

Address, 723 W. Lombard St.

Remarks, Natural Labor.

8950000796

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62955

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	
1. *Sex, (state whether male or female)*	White Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 28 - 1895
4. *Place of Birth, (Street and Number)*	508 W. Franklin St.
5. *Full Name of Mother,*	Vincenza Maranto
6. *Mother's Maiden Name,*	" Citrano
7. *Mother's Birthplace,*	Italy
8. *Full Name of Father,*	Antonio Citrano
9. *Father's Occupation*	
10. *Father's Birthplace,*	Italy
Name of Medical Attendant, or other person who makes this Return,	
Address,	Alex. Cutunic
Remarks,	

8 7 5 0 0 0 0 7 9 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Over

RETURN OF A BIRTH. 62956

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 the Name: John Freimüller

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29 of January
4. Place of Birth, (Street and Number) 475 Cannon St.
5. Full Name of Mother, Joseph Freimüller
6. Mother's Maiden Name, Dorothea Schmeiser
7. Mother's Birthplace, Balto.
8. Full Name of Father, Freimüller
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Miss E. Weiss.

Address, 2122 Canton Ave.

Remarks,

8 4 5 0 0 0 0 7 9 8

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 6 2 957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

6th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29th January 1895
4. Place of Birth, (Street and Number) 1 Blair Ave
5. Full Name of Mother, Gina Deckerman
6. Mother's Maiden Name, Englaman
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Frank F Deckerman
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs Brun

Address, 1600 N. Chester St Balto

Remarks,

8 4 5 0 0 0 0 7 9 9

The full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the same can be ascertained in the form of a certificate between the first and as far as the said schedule shall be delivered, duly signed by the practitioner in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 62958

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jany 29
4. *Place of Birth, (Street and Number)*	864 W Fayette St
5. *Full Name of Mother,*	Cora Loane
6. *Mother's Maiden Name,*	Cora L Pallerson
7. *Mother's Birthplace,*	Baltzed
8. *Full Name of Father,*	Wm Chestos Brenaman
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Portsmouth Va
Name of Medical Attendant, or other person who makes this Return.	Robert K Kwan
Address,	220 N Gilmor St
Remarks,	

8950000800

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24 Jan 1893
4. *Place of Birth, (Street and Number)* 1113 Appleton St
5. *Full Name of Mother,* Mary Barry
6. *Mother's Maiden Name,* Mary Hearn
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Thomas Barry
9. *Father's Occupation* Iron Worker
10. *Father's Birthplace,* Boston Mass.

Name of Medical Attendant, or other person who makes this Return, Wm. E. Brooks

Address, 1502 Light St

Remarks, Born Well

8950000801

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth the full name and occupation of its parents, the date and place of birth, the sex, color, the full name and occupation of its parents, the date and place of birth, the first and been conferred) its

RETURN OF A BIRTH. 62961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 30th 1895
4. Place of Birth, (Street and Number) 1910 Christian st.
5. Full Name of Mother, Ida Baumschub
6. Mother's Maiden Name, Sauer
7. Mother's Birthplace, Balto
8. Full Name of Father, Geo. Baumschub
9. Father's Occupation Cooper
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, M. H. Cook

Address, 800 N. Bal. st.

Remarks,

8 7 5 0 0 0 0 8 0 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 12962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 20 1895
4. Place of Birth, (Street and Number) 34 Lampton St
5. Full Name of Mother, Carrie Kelley
6. Mother's Maiden Name, Carrie Blaylar
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm Kelley
9. Father's Occupation Boiler Maker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Dr. C R Coazley

Address, 213 E Lath St

Remarks, Harney Md.

8 9 5 0 0 0 0 8 0 4

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED - 3/24/70

RETURN OF A BIRTH. 62963

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: CHARLES HARRISON EDWARDS

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 30 1895
4. *Place of Birth, (Street and Number)*	2010 Biddle St
5. *Full Name of Mother,*	Louisa J Edwards
6. *Mother's Maiden Name,*	" " Smith
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Chas. H. Edwards
9. *Father's Occupation*	Railroader
10. *Father's Birthplace,*	Balto Co
Name of Medical Attendant, or other person who makes this Return.	Wm J. Watson
Address,	1519 Broadway
Remarks,	

8 9 5 0 0 0 0 8 0 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Before entering the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 —

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 30 January
4. Place of Birth, (Street and Number) Wolfgang. 702
5. Full Name of Mother, Franciska Rouchovak
6. Mother's Maiden Name, Knit
7. Mother's Birthplace, Pole
8. Full Name of Father, Kajk Rouchovak
9. Father's Occupation, Workman
10. Father's Birthplace, Pole.

Name of Medical Attendant, or other person who makes this Return, M. Pell

Address, 1 E. Pond Ave 838

Remarks,

8950000806

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner of midwifery, or should no other person be in third day of each and every month to the office or practioner of the duty of the period above required, and shall occur without the attendance of a physician it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become and within the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62965

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 30 January
4. *Place of Birth, (Street and Number)* Miciana str. 1516
5. *Full Name of Mother,* Filomena Panuska
6. *Mother's Maiden Name,* Junek
7. *Mother's Birthplace,* Böhmen
8. *Full Name of Father,* Wili Panuska
9. *Father's Occupation* Tajlor
10. *Father's Birthplace,* Böhmen

Name of Medical Attendant, or other person who makes this Return,

Address, Mt. Oread

Remarks, L. Baltimore Band str. 838

695 0000807

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 62966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be subjected to the fine of ten (10) dollars for eac

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1st of February 1895
4. *Place of Birth, (Street and Number)*	No 1516 Cuyler th Lt
5. *Full Name of Mother,*	Kate Mahone
6. *Mother's Maiden Name,*	Kate Dever
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frank Hannan
9. *Father's Occupation*	Cab Driver
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Eb. Sauer
Address,	No 1059 Hanford Ave
Remarks,	Bal. Md.
	1895

8950000808

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feby 1 '02
4. *Place of Birth, (Street and Number)*	832 Howe St
5. *Full Name of Mother,*	Mary Scholhaus
6. *Mother's Maiden Name,*	Mary Housman
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Jacob Scholhaus
9. *Father's Occupation*	Hack-Driver
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Hedwig Olifa
Address,	611 So Lea St
Remarks,	

8 9 5 0 0 0 0 8 0 9

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 62968

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 1st 1895
4. *Place of Birth, (Street and Number)* 1508 Millimon St.
5. *Full Name of Mother,* Emma Barry
6. *Mother's Maiden Name,* Emma Adams
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harry W. Barry
9. *Father's Occupation,* Butler
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Francis A. Sauer M.D.

Address, 439 N. Central Avenue

Remarks,

1895000008 10

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RETURN OF A BIRTH. 62969.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 1st 1870
4. *Place of Birth, (Street and Number)* 137 N. Leonard st
5. *Full Name of Mother,* Margaret Levy
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Madison Levy
9. *Father's Occupation* Cotton Trade
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 231 N Payson St

Remarks,

8 9 5 0 0 0 0 8 1 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62970

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White 4
3. *Date of Birth,*	February 11th 1895
4. *Place of Birth, (Street and Number)*	No 1430 South Charles St
5. *Full Name of Mother,*	Ellen V. Kelly
6. *Mother's Maiden Name,*	Ellen V Kinlan
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Thomas Kelly
9. *Father's Occupation*	Pilot
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Catherine Harning
Address,	No 1517 Byrd St
Remarks,	

8 9 5 U 0 0 0 8 1 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 62971

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~)	2d
1. *Sex, (State whether male or female)*	male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 7 1895
4. *Place of Birth, (Street and Number)*	1029 Pennsylvania Ave
5. *Full Name of Mother,*	Mary Catherine Johnston
6. *Mother's Maiden Name,*	Carmichael
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	John
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	Dr Lancaster H Barclay Asst.
Address,	520 W. Monument St
Remarks,	

8950000813

J. D. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 62972

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Feb. 1
4. Place of Birth, (Street and Number) W. 208. Hilbary St.
5. Full Name of Mother, Annie Treasa Green.
6. Mother's Maiden Name, " " Yockle.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Robert Le. Green.
9. Father's Occupation Painter.
10. Father's Birthplace, Lunenburg, Kunstenbye.

Name of Medical Attendant, or other person who makes this Return, Annie Gintner.

Address, " 106. S. Monroe St.

Remarks,

8 7 5 0 0 0 0 8 1 4

Wm. C. Dulany Co., City Printers and Stationers

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 62973

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2/1/95.
4. Place of Birth, (Street and Number) 1200 S. Charles st.
5. Full Name of Mother, Elizabeth Peppler
6. Mother's Maiden Name, Hoeflich
7. Mother's Birthplace, City
8. Full Name of Father, Louis P.
9. Father's Occupation, Foreman in distillery
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. E. D. Ellis M.D

Address, 913 Light st

Remarks,

8 9 5 0 0 0 0 8 1 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 62974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Feby 2/95
4. Place of Birth, (Street and Number) 1018 Hillman St
5. Full Name of Mother, Margaret Miller
6. Mother's Maiden Name, Margaret Keamey
7. Mother's Birthplace, Maryland
8. Full Name of Father, John Miller
9. Father's Occupation, Shoe Cutter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, F. B. Sanders M.D.

Address, 59 E. Chase St

Remarks, Premature birth at 8th M. Certificate

8950000816

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 62975

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female A.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feby. 1/95
4. *Place of Birth, (Street and Number)*	2612 Bruce St.
5. *Full Name of Mother,*	Mrs Chas. McMillan
6. *Mother's Maiden Name,*	Georgia Taylor
7. *Mother's Birthplace,*	Carroll Co. Md.
8. *Full Name of Father,*	Charles W. McMillan
9. *Father's Occupation*	Fireman
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	E. Apfel M.D.
Address,	2505 Penna. Ave.
Remarks,	

8 9 5 0 0 0 0 8 1 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 1 Feb. 1895

4. Place of Birth, (Street and Number) 119 Bloomberg al.

5. Full Name of Mother, Catharina Burner

6. Mother's Maiden Name, Hertel

7. Mother's Birthplace, Germany

8. Full Name of Father, Joe Burner

9. Father's Occupation labor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 434 Fort ave

Remarks,

8 4 5 0 0 0 0 8 1 8

A

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 62977

CERTIFICATE CORRECTED 9-4-57

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George ~~Adam~~ Berger A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White A.

3. Date of Birth, ~~Feb 1~~ Jan. 30, 1895

4. Place of Birth, (Street and Number) 1214 Hollins St

5. Full Name of Mother, Kunegunde Berger

6. Mother's Maiden Name, " " " " ~~Hirt~~ Will

7. Mother's Birthplace, Germany

8. Full Name of Father, Rudolph Berger

9. Father's Occupation, Cabinet Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Minnie Graf

Address, 2264 Hollander St

Remarks,

8750000819

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White A.
3. *Date of Birth,*	February 1 / 95
4. *Place of Birth, (Street and Number)*	# 1111 S Chapel Street Rear
5. *Full Name of Mother,*	Sarah Goldman
6. *Mother's Maiden Name,*	Sarah Feild
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Harry Goldman
9. *Father's Occupation*	Book Keeper
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	Mrs Lewis Barker
Address,	#41 E. York Street
Remarks,	

8 4 5 0 0 0 0 8 2 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62979

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 1 1905
4. *Place of Birth, (Street and Number)*	# 727 N Charles Street Balto
5. *Full Name of Mother,*	Bessie Asterzone
6. *Mother's Maiden Name,*	Bessie Fantuck
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Joseph Asterzone
9. *Father's Occupation*	Pants Manufacturer
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	Mrs Lena Rosen
Address,	21 E York Street Balto
Remarks,	

8750000821

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14 Feb 1885
4. *Place of Birth, (Street and Number)* 254 E. Bond St
5. *Full Name of Mother,* Sabina Gutsberg
6. *Mother's Maiden Name,* Glaser
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Max Gutsberg
9. *Father's Occupation,* Cigar-maker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E. Scherman

Address, 42 Albemarle St

Remarks,

Wm J. C. Dulany Co., City Printers and Stationers.

8950000822

RETURN OF A BIRTH. 62981

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 1st 1895
4. Place of Birth, (Street and Number) 5 E. Hill St
5. Full Name of Mother, Caroline E. Breford
6. Mother's Maiden Name, Caroline E. Lightfoot
7. Mother's Birthplace, Missouri
8. Full Name of Father, Marion E. Breford
9. Father's Occupation, Fireman
10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other person who makes this Return, Ellamora A. Anderson

Address, 1434 Pulaski St

Remarks,

8 9 5 0 0 0 0 8 2 3

Wm J C. Dulany Co., City Printers and Stationers.

Every birth shall be registered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62982

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby 1st 1895
4. Place of Birth, (Street and Number) 759 Ramsay St.
5. Full Name of Mother, Fannie Lawrence
6. Mother's Maiden Name, Wilson
7. Mother's Birthplace, Port Deposit Md.
8. Full Name of Father, Isaiah Lawrence
9. Father's Occupation, Stonecutter
10. Father's Birthplace, Port Deposit Md.

Name of Medical Attendant, or other person who makes this Return, H.W. Webner M.D.

Address, 72-3 W. Lombard St.

Remarks, Delivered with Forceps

8 4 5 0 0 0 0 8 2 4

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	1st of February
4. *Place of Birth, (Street and Number)*	No 1702 Carlisle Place
5. *Full Name of Mother,*	Kathryn Reuman
6. *Mother's Maiden Name,*	Kathryn Shipley
7. *Mother's Birthplace,*	Baltimore County
8. *Full Name of Father,*	John E Reuman
9. *Father's Occupation*	Car Conductor
10. *Father's Birthplace,*	Eastern Shore
Name of Medical Attendant, or other person who makes this Return,	Mary E Cain
Address,	1625 Hopkins Ave.
Remarks,	

1629

8950000008825

Wm. J. C. Dulany Co., City Printers and Stationers.

...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 12984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 1st 1895
4. *Place of Birth, (Street and Number)*	1605 Edmondson Ave.
5. *Full Name of Mother,*	Eliza Rebecca Willis
6. *Mother's Maiden Name,*	" " Braly
7. *Mother's Birthplace,*	Hagerstown Maryland
8. *Full Name of Father,*	Charles T. Willis
9. *Father's Occupation*	Tobacconist
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return,	J. Harvey Hull M.D.
Address,	807 N. Arlington Ave
Remarks,	

845000082 6

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH

62985

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
Name Frances Josephine Farmer	A
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	February 2nd 1895
4. Place of Birth, (Street and Number)	230 South Washington Street
5. Full Name of Mother,	Mary Josephine Farmer
6. Mother's Maiden Name,	" " Adams
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Joseph L. Farmer
9. Father's Occupation,	Boot-Keeper
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	James A. Shane, M.D.
Address,	21 S. Patterson Park Ave.
Remarks,	

8950000827

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 62986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (~~state whether male or~~ female) A

2. Race ~~or Color, (if not of the~~ white race)

3. Date of Birth, Feb 2nd 1895

4. Place of Birth, (Street and Number) 19 Barkland

5. Full Name of Mother, Eliza F Cahill

6. Mother's Maiden Name, Thornton

7. Mother's Birthplace, Balto city

8. Full Name of Father, Michael J Cahill

9. Father's Occupation Carpenter

10. Father's Birthplace, Balto city

Name of Medical Attendant, or other person who makes this Return, J. Ridgway Andre M.D

Address, 1123 E Balto st

Remarks,

8 4 5 0 0 0 0 8 2 8

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 the

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* [illegible]

3. *Date of Birth,* 2 the Feb

4. *Place of Birth, (Street and Number)* 1968 No E Biddle St

5. *Full Name of Mother,* Emma Kupfer

6. *Mother's Maiden Name,* Emelie Hannemann

7. *Mother's Birthplace,* Pittsburg

8. *Full Name of Father,* Benedict Kupfer

9. *Father's Occupation* Baker

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm A Street

Address, 1967 E Monument St

Remarks,

8 9 5 0 0 0 0 8 2 9

Wm. J. C. Dulany Co., City Printers and Stationers.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 62988

To the Office of Registrar of Vital Statistics, Board of Health. A.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Feb. 2nd 10 35 P. M. 1895
4. Place of Birth (Street and Number) 806 N. Amity St.
5. Full Name of Mother Sadie Frances Smith
6. Mother's Maiden Name S. F. Atwell
7. Mother's Birthplace Balto City
8. Full Name of Father Elmer Ziegler Smith
9. Father's Occupation Tin Can Maker
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. James E Donnelly M.D.

Address 1701 Bolls St East

Remarks

8450000830

RETURN OF A BIRTH. 62989

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 2 Feb 1895
4. *Place of Birth, (Street and Number)* 1157 Johnson st.
5. *Full Name of Mother,* Elsbeth Alt
6. *Mother's Maiden Name,* Suck
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Mike Alt
9. *Father's Occupation* Shoe maker.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 934 Fort ave

Remarks,

8950000831

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 62990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5.
1. *Sex, (state whether male or female)*	Boy. A
2. *Race or Color, (if not of the white race)*	white.
3. *Date of Birth,*	2. February.
4. *Place of Birth, (Street and Number)*	N. 2114. Aisherstreet.
5. *Full Name of Mother,*	Bernhardine Jässner.
6. *Mother's Maiden Name,*	Bernhardine Böhm.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Friedrich Jässner.
9. *Father's Occupation*	Laboman.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return,	Mary Klass
Address,	N. 1933. Fairmount. Ave.
Remarks,	

8 9 5 U 0 0 0 8 3 2

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62991

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb. 2. 1895
4. *Place of Birth, (Street and Number)* 131 W. Randall St.
5. *Full Name of Mother,* Margaret Schaum
6. *Mother's Maiden Name,* " Fuller
7. *Mother's Birthplace,* Balto. Co.
8. *Full Name of Father,* John Schaum
9. *Father's Occupation* Glass blower
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. J. H. Groshans, M.D.

Address, 1223 S. Charles St.

Remarks,

8950000833

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62992

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 4,

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (if not of the white race) Col'd
3. Date of Birth, Feb. 2" 1895
4. Place of Birth, (Street and Number) 316 Chestnut St
5. Full Name of Mother, Lizzie Green
6. Mother's Maiden Name,
7. Mother's Birthplace, D. C.
8. Full Name of Father, William Green
9. Father's Occupation, Stevedore
10. Father's Birthplace, D. C.

Name of Medical Attendant, or other person who makes this Return, her Louisa X Stafford mark

Address,

Remarks,

8450000834

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62993

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex, (state whether male or female)*	Female A.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 2nd
4. *Place of Birth, (Street and Number)*	#303 Madeira st.
5. *Full Name of Mother,*	Mary Ward
6. *Mother's Maiden Name,*	Mary Hailey
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Jame Ward
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Mary A. Pertee
Address,	#241 S. Chester
Remarks,	

8950000835

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62 944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 Feb 1923
4. Place of Birth, (Street and Number) 322 E Pratt St
5. Full Name of Mother, Florence Louise
6. Mother's Maiden Name, Myers
7. Mother's Birthplace, Russia
8. Full Name of Father, Max Louis
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E Pratt St

Address, 42 Aliceanna St

Remarks,

Wm J C. Dulany Co., City Printers and Stationers.

8 7 5 U 0 0 0 8 3 6

RETURN OF A BIRTH. 62995

GIVEN NAME ADDED. 4/27/95

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Lillian Fisher

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 2nd 1895
4. Place of Birth, (Street and Number) 317 S. Sharp St
5. Full Name of Mother, Dora Fisher
6. Mother's Maiden Name, Dora Krom
7. Mother's Birthplace, Russia
8. Full Name of Father, Esrel Fisher
9. Father's Occupation, Carpetmen
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, M. Rubinstein

Address, 105 N. Bare St Balto Md

Remarks,

8 9 5 0 0 0 0 8 3 7

Wm J C Dulany Co., City Printers and Stationers.

Every birth is to be reported to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62996

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female (Caroline)
2. Race or Color, (if not of the white race) white
3. Date of Birth, February 2nd 1895
4. Place of Birth, (Street and Number) No. 25 Frederick Ave
5. Full Name of Mother, Emma Hughes
6. Mother's Maiden Name, Emma Peters
7. Mother's Birthplace, New Jersey
8. Full Name of Father, Joseph Hughes
9. Father's Occupation Laborer
10. Father's Birthplace, Washington

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

6950000083 8

Health. This section to be filled as far as the same can be ascertained the full name of each child; and the month, and shall set forth as far as the same can be ascertained the full name of each child; and the month, and shall set forth as far as the same can be ascertained the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 2nd '95
4. *Place of Birth, (Street and Number)* 848 N. Howard St.
5. *Full Name of Mother,* Maggie Greely
6. *Mother's Maiden Name,* " Bailey
7. *Mother's Birthplace,* N. Y. State
8. *Full Name of Father,* Martin Greely
9. *Father's Occupation* Book Dealer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return F. B. Gardner

Address, 424 N. Greene St.

Remarks,

875000839

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62 998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Color A
3. *Date of Birth,*	Feb 2 d 1895
4. *Place of Birth, (Street and Number)*	526 E Lanvale
5. *Full Name of Mother,*	Hester Bond
6. *Mother's Maiden Name,*	Hester Mitchell
7. *Mother's Birthplace,*	Lancaster County
8. *Full Name of Father,*	William Bond
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	North Caline.
Name of Medical Attendant, or other person who makes this Return.	Mrs Charlotte Williams
Address,	9/0 Leader - Hall St
Remarks,	

8 9 5 0 0 0 0 8 4 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 62999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (6th) Sixth

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Feb 2nd 1895
4. *Place of Birth (Street and Number),* "Clipper" Heights
5. *Full Name of Mother,* Lottie Steffy
6. *Mother's Maiden Name,* Tovlee
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Bishop E Steffy
9. *Father's Occupation,*
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. D. S. Williams M.D.

Address, 244 Carroll St

Remarks, Woodberry Md

8 ✓ 5 0 0 0 0 8 4 1

Thos. e Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. 63000

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

A.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 2nd 1895
4. Place of Birth, (Street and Number) 134 William St
5. Full Name of Mother, Elizebeuth Thuman
6. Mother's Maiden Name, Elizebeuth Huldendorf
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Benard Thuman
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Ellenora E anderson

Address, 1434 Patapsco - St

Remarks,

8 9 5 0 0 0 0 8 4 2

(third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 William F. Carnage

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 Feb
4. Place of Birth, (Street and Number) 401 S. Fremont ave
5. Full Name of Mother, Lizzie Carnage
6. Mother's Maiden Name, Hahn
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank P. Carnage
9. Father's Occupation, Machinist
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Carnage

Address, 711 N. Grove st

Remarks, Father's name added Sept 13-1935 by mother Lizzie Carnage

B 4 5 0 0 0 0 8 4 3

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63002

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Saturday February the 2d 95.
4. Place of Birth, (Street and Number) 816 West Lombard St
5. Full Name of Mother, Wilhelmine Wagenfer
6. Mother's Maiden Name, Wilhelmine Faust
7. Mother's Birthplace, Germany
8. Full Name of Father, Bernard Henry Wagenfer
9. Father's Occupation, Brass Polisher
10. Father's Birthplace, Baltimore City, Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Bangt

Address, 711 N Caroline

Remarks,

8 4 5 0 0 0 0 8 4 4

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63003 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 2. 95
4. Place of Birth, (Street and Number) 1801 Jefferson St
5. Full Name of Mother; Agnes V. ~~Tidel~~ Robinson
6. Mother's Maiden Name; " " Tridel
7. Mother's Birthplace, Balto City
8. Full Name of Father, Geo F. Robinson
9. Father's Occupation, Bricklayer
10. Father's Birthplace, ~~Fort Leavenworth~~ Kansas

Name of Medical Attendant, or other person who makes this Return, Rud. Pickel M. D.

Address, 1312 Ashland ave.

Remarks,

8 4 5 0 0 0 0 8 4 5

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, febuary th 2 1895
4. Place of Birth, (Street and Number) gould's lane No 23
5. Full Name of Mother, Emely Fruman
6. Mother's Maiden Name, Emely Bauer
7. Mother's Birthplace, Anyerandel County
8. Full Name of Father, ernist fruman
9. Father's Occupation labour
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, sarrgt Jane Wilson

Address, 124 west Henry st

Remarks, full 9 months

8 9 5 0 0 0 0 8 4 6

Wm. J. C. Dulany Co,. City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63005

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 31 1895
4. *Place of Birth, (Street and Number)*	27 3/4 S Howard
5. *Full Name of Mother,*	Catherine Phillips
6. *Mother's Maiden Name,*	City
7. *Mother's Birthplace,*	George W. Huber
8. *Full Name of Father,*	Shoe-Maker
9. *Father's Occupation,*	City
10. *Father's Birthplace,*	E. Baltimore
Name of Medical Attendant, or other person who makes this Return,	1114 Chesapeake St
Address.	There were 2 boys born. The
Remarks.	Last was stillborn.

8950000847

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63006

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2—

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Febr - 3 - 1895
4. *Place of Birth, (Street and Number)* 114 S. Chester st.
5. *Full Name of Mother,* Rose ~~Worthington~~
6. *Mother's Maiden Name,* " Schmidt
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Howard Hanover Worthington
9. *Father's Occupation,* Pilot
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. P. G. Daresch

Address, 1731 E. Balto. st.

Remarks,

8 9 5 U 0 0 0 8 4 8

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) ....

1. *Sex, (~~state whether male or~~ female)* ....
2. *Race or Color, (~~if not~~ of the white race)* ....
3. *Date of Birth,* Feb. 3rd 1895
4. *Place of Birth, (Street and Number)* 448 E. 20th Street
5. *Full Name of Mother,* Nellie Virginia Richards
6. *Mother's Maiden Name,* Schreiner
7. *Mother's Birthplace,* Washington D. C.
8. *Full Name of Father,* Stewart Fuller Richards
9. *Father's Occupation* Plummer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Elias C. Price M. D.

Address, 953 Madison Ave

Remarks, ...

1895 0000849

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 62008

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 24 Feb
4. *Place of Birth, (Street and Number)* 620 Lombard
5. *Full Name of Mother,* Laura [redacted] Smith
6. *Mother's Maiden Name,* Maggie Cathey
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mitchell Smith
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Chas L Gross

Address, 1907 E Monument St

Remarks,

1895000000850

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63009

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 3 1895
4. *Place of Birth, (Street and Number)* Bradford at 417
5. *Full Name of Mother,* Julie Rouet
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Belgium
8. *Full Name of Father,* John Rouet
9. *Father's Occupation* Tabor
10. *Father's Birthplace,* Belgium

Name of Medical Attendant, or other person who makes this Return, Mary Kapetie

Address, N Washington 205

Remarks,

8950000851

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 63010

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White A.
3. *Date of Birth,* Dec 31 1895
4. *Place of Birth, (Street and Number)* Durham 1615
5. *Full Name of Mother,* Julie Lucarenshue
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* John Lucarenshue
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Bohemian

Name of Medical Attendant, or other person who makes this Return, Harry Hartos

Address, 1 P Washington St.

Remarks,

1 8 9 5 0 0 0 0 8 5 2

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 63011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 3rd. ~~2212 Lexington st.~~
4. *Place of Birth, (Street and Number)*	2212 Lexington st.
5. *Full Name of Mother,*	Maggie E Schmitzlein
6. *Mother's Maiden Name,*	" Franz.
7. *Mother's Birthplace,*	Oberfranken
8. *Full Name of Father,*	Fred Schmitzlein
9. *Father's Occupation*	Butcher.
10. *Father's Birthplace,*	Middlefranken
Name of Medical Attendant, or other person who makes this Return,	Minnie Lindner.
Address,	106 E. Monroe st.
Remarks,	

8 9 5 0 0 0 0 8 5 3

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 6301

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White (Italian)
3. *Date of Birth,* Sunday Feb 3rd 95. 9 P.M.
4. *Place of Birth, (Street and Number)* 200 N Eutaw St
5. *Full Name of Mother,* Mary DePaulo
6. *Mother's Maiden Name,* Mary Giordano
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Vincent DePaulo
9. *Father's Occupation* Saloon Keeper
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return Osmeda MD.

Address, 116. W Fayette St

Remarks,

8 9 5 U 0 0 0 8 5 4

Wm. J. C. Dulany Co., City Printers and Stationers.

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 3-27-57

RETURN OF A BIRTH. 63134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Catherine Marie Kreitler First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 3 1955
4. Place of Birth, (Street and Number) 20 Gorsuch Ave
5. Full Name of Mother, Kathe M Kreitler
6. Mother's Maiden Name, George
7. Mother's Birthplace, Md
8. Full Name of Father, Charles B Kreitler
9. Father's Occupation Butcher
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Virginia Hutchinson M.D.

Address, 23 E Gorsuch Ave

Remarks,

8950000855

Wm. J. C. Dulany Co., City Printers and Stationers

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63014

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 3d. '95
4. Place of Birth, (Street and Number) 1003 N. Calhoun St.
5. Full Name of Mother, Julia Fisher
6. Mother's Maiden Name, " Wells
7. Mother's Birthplace, City
8. Full Name of Father, Edgar Fisher
9. Father's Occupation Carpenter
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, F. B. Gardner

Address, 424 N. Greene St.

Remarks,

8 9 5 0 0 0 0 8 5 6

Any person required by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 63015

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2D
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	3 Feb
4. *Place of Birth, (Street and Number)*	612 Scott St
5. *Full Name of Mother,*	Agusta Brundige
6. *Mother's Maiden Name,*	Agusta Ruth
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	William E Brundige
9. *Father's Occupation,*	Paper Hanger
10. *Father's Birthplace,*	Washington D C
Name of Medical Attendant, or other person who makes this Return.	M M Bange
Address,	711 W Cross St
Remarks,	

8450000857

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63016

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Kind A.
1. *Sex, (state whether male or female)*	Knabe
2. *Race or Color, (if not of the white race)*	white race
3. *Date of Birth,*	3 February 1895
4. *Place of Birth, (Street and Number)*	1115 E. Pratt st
5. *Full Name of Mother,*	
6. *Mother's Maiden Name,*	Betty Levin
7. *Mother's Birthplace,*	Europa
8. *Full Name of Father,*	Louis Levin
9. *Father's Occupation,*	Pedler
10. *Father's Birthplace,*	Europa
Name of Medical Attendant, or other person who makes this Return.	
Address,	Lina Hendler
Remarks,	1113 E Pratt st

8 4 5 0 0 0 0 8 5 8

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 63017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Th 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb Thu 3rd 1893
4. Place of Birth, (Street and Number) 1107 Ledenhall St
5. Full Name of Mother, Eliza Fitzpatrick
6. Mother's Maiden Name, Eliza Harling
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Fitzpatrick
9. Father's Occupation, Brew Builder
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return. Maggie Wilkins

Address,

Remarks,

8950000859

Wm J C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63018

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	No 1
1.	*Sex, (state whether male or female)*	female
2.	*Race or Color, (if not of the white race)*	Colord
3.	*Date of Birth,*	feby the third 3 1895
4.	*Place of Birth, (Street and Number)*	Vinson Ally bet 11 11
5.	*Full Name of Mother,*	Mary Jones
6.	*Mother's Maiden Name,*	Mary Barns
7.	*Mother's Birthplace,*	Cant do mar
8.	*Full Name of Father,*	Richard Jones
9.	*Father's Occupation,*	Oysters dealer
10.	*Father's Birthplace,*	Colord County
	Name of Medical Attendant, or other person who makes this Return,	Mrs Barnes
	Address,	Parish ~~Parish~~ ally 413
	Remarks,	

8 9 5 U 0 0 0 8 6 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 63019

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Six

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Oct 9
4. Place of Birth, (Street and Number) Call 1148 Stockton St
5. Full Name of Mother, Mary Hopkins
6. Mother's Maiden Name, Mary Johnson
7. Mother's Birthplace, Easton Shore Md
8. Full Name of Father, Henry Johnson
9. Father's Occupation Laborer
10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other person who makes this Return, Jane Winsted

Address, 1324 Broad St

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

8950000861

RETURN OF A BIRTH. 63120

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female). male 4.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 3d 1895
4. Place of Birth, (Street and Number) City Hospital
5. Full Name of Mother, Mary M. Smith
6. Mother's Maiden Name, —
7. Mother's Birthplace, Ireland
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, John Bruce M.D.

Address, City Hospital

Remarks,

8950000862

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 63021

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* White
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* Feb. 4/95
4. *Place of Birth, (Street and Number)* 868 N Lombard st
5. *Full Name of Mother,* Emma Wagner
6. *Mother's Maiden Name,* " Grottendick
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Joseph Wagner
9. *Father's Occupation,* Grocer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. H. S. Spencer

Address,

Remarks,

8 4 5 0 0 0 0 8 6 3

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 63022

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

every day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9th of February 1895
4. Place of Birth, (Street and Number) No 1227 E. Oliver St
5. Full Name of Mother, Annie Glynn
6. Mother's Maiden Name, Annie Oliver
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Glynn
9. Father's Occupation Ice Dept
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm C. Lauer

Address, No 1059 Stanford Ave

Remarks, Bal. Md.

1895.

8 9 5 0 0 0 0 8 6 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 63023

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feby 4th 95

4. Place of Birth, (Street and Number) 2009 Callow St

5. Full Name of Mother, Jennie Conrad Davis

6. Mother's Maiden Name, Jennie Conrad

7. Mother's Birthplace, Balto.

8. Full Name of Father, Easbury Davis

9. Father's Occupation, Merchant

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. Robert W Mifflen

Address, 402 Cathedral St

Remarks, 1895 000 866

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 32
(4-1-54)
Hall of Records Commission

RETURN OF A BIRTH

63023

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 4th 95

4. Place of Birth, (Street and Number) 2009 Callow St

5. Full Name of Mother, Jennie Conrad Davis

6. Mother's Maiden Name, Jennie Conrad

7. Mother's Birthplace, Balto.

8. Full Name of Father, Easbury Davis

9. Father's Occupation, Merchant

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. Robert W Mifflin

Address, 402 Cathedral St

Remarks,

1895000865

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63024

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 4th 95
4. Place of Birth, (Street and Number) #721 W. Cross st
5. Full Name of Mother, Emma Pletz
6. Mother's Maiden Name, Emma Wagner
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, George Pletz
9. Father's Occupation, Cabinet Maker
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 W. Cross st

Remarks, 8 7 5 0 0 0 0 8 6 6

Wm J C Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 13025

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Said Sickcome shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* February 4 95
4. *Place of Birth, (Street and Number)* Eutaw St 1415
5. *Full Name of Mother,* Kate Bruce
6. *Mother's Maiden Name,* Buell
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Granville Bruce
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Johanna Jenike

Address, Garrett Alley 1363

Remarks,

8 9 5 0 0 0 0 8 6 7

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 63026

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4 February 1895
4. Place of Birth, (Street and Number) 2330 Fetter Str
5. Full Name of Mother, Katharina Lang
6. Mother's Maiden Name, Katharina Renz
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Peter Lang
9. Father's Occupation Potter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Hannah E. Kuale

Address, 225 N Potter Alley

Remarks,

8 9 5 0 0 0 0 8 6 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 6302 7

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 4th Feb 1916
4. Place of Birth, (Street and Number) 626 Campbell St.
5. Full Name of Mother, Louisa Wilson
6. Mother's Maiden Name, Green
7. Mother's Birthplace, Balto.
8. Full Name of Father, Edward Wilson
9. Father's Occupation, Laborer
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, Hannah Hatchett

Address, 609 Campbell St.

Remarks, — " — " — " —

A

8950000869

Wm J C. Dulany Co., City Printers and Stationers.

and by or each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 6308

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Feb 4th 95
4. *Place of Birth, (Street and Number)* 608 Mulberry
5. *Full Name of Mother* Grace Woodward
6. *Mother's Maiden Name* Poist
7. *Mother's Birthplace* City
8. *Full Name of Father* Harry Woodward
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. C. A. Riley

Address 1113 Madison

Remarks 8 months child

1 8 9 5 0 0 0 0 8 7 0

The Father, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 6302-9

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 4 [illegible] Balto City
4. Place of Birth, (Street and Number) 813 E. Chase st
5. Full Name of Mother, Regina Isabella Baker
6. Mother's Maiden Name, Regina Isabella McCarthy
7. Mother's Birthplace, Balto City
8. Full Name of Father, Henry John Baker
9. Father's Occupation Ice Dealer
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Mrs [illegible] Maddux

Address, 347 N Eutaw St.

Remarks,

8 9 5 0 0 0 0 8 7 1

Wm. J. C. Dulany Co., City Printers and Stationers.

When a birth shall occur, the certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63020

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 a pair twins

1. *Sex, (state whether male or female)* males
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* February 4th 1895
4. *Place of Birth, (Street and Number)* No. 512 Fredrick Ave
5. *Full Name of Mother,* Tillie Malstade
6. *Mother's Maiden Name,* Tillie Sharf
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Malstade
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 5 0 0 0 0 8 7 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH (3031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 4/95
4. *Place of Birth, (Street and Number)*	2501 Frances St.
5. *Full Name of Mother,*	Mrs Morris A. Kelley
6. *Mother's Maiden Name,*	Cecelia O'Connor
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Morris A. Kelley
9. *Father's Occupation*	Printer
10. *Father's Birthplace,*	Lowell Mass
Name of Medical Attendant, or other person who makes this Return,	E. Kirk M.D.
Address,	2505 Emma, Ave
Remarks,	

8 9 5 0 0 0 0 8 7 3

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 4th 1895
4. *Place of Birth, (Street and Number)*	509 South Ann Street
5. *Full Name of Mother,*	Carrie Anderson
6. *Mother's Maiden Name,*	Carrie Wolferman
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Edward Anderson
9. *Father's Occupation.*	Pilot
10. *Father's Birthplace,*	Denmark
Name of Medical Attendant, or other person who makes this Return.	Mrs. Anna Lenz Midwife
Address,	1539 Lancaster Street
Remarks,	Alice Anna

8 7 5 0 0 0 0 8 7 4

This certificate must be registered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 63033

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White. (Hebrew)
3. Date of Birth, Monday Feb 4th. 95. (9 P.M.)
4. Place of Birth, (Street and Number) 1363 Edmondson Ave
5. Full Name of Mother, Rosalie Finkelstein
6. Mother's Maiden Name, " Bernstein
7. Mother's Birthplace, Toledo - Ohio
8. Full Name of Father, Ralph Finkelstein
9. Father's Occupation Salesman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Certified by

Address, 116 W. Saratoga St

Remarks, 8950000875

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 6 3034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 4th 1895
4. *Place of Birth, (Street and Number)* 207 N. Pat. Pk. Ave.
5. *Full Name of Mother,* Sophia Fleischhold
6. *Mother's Maiden Name,* " Horn
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Albert Fleischhold
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Wm. Howard E. Hearn

Address, 225 N. Pat. Park Ave.

Remarks,

8 9 5 0 0 0 0 8 7 6

This Certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH (3035

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 4th 95
4. *Place of Birth, (Street and Number)*	1637 Grover Place
5. *Full Name of Mother,*	Elise Schulz.
6. *Mother's Maiden Name,*	Elise Schumacher
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	August Schulz
9. *Father's Occupation,*	Marble cutter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	W. C. Sandrock
Address,	1242 N. Broadway.
Remarks,	

8950000877

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 63036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8. Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Feb 4th 1895
4. *Place of Birth, (Street and Number)*	#1213 Eagle St.
5. *Full Name of Mother,*	Mrs. Kate Kuefe
6. *Mother's Maiden Name,*	Miss. " Bolland
7. *Mother's Birthplace,*	Hanover. Germany
8. *Full Name of Father,*	Henry. Kuefe
9. *Father's Occupation*	Brakesman
10. *Father's Birthplace,*	Hanover Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs. Hiller
Address,	#2008 Mc " Henry St
Remarks,	

1895 00000878

Wm. J. C. Dulany Co., City Printers and Stationers.

A

The ... day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 12-9-57

RETURN OF A BIRTH. 62037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ferdinand Carl ~~Carl~~ Krimmelbein

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.d.

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White.
3. Date of Birth, February 4.th 1895
4. Place of Birth, (Street and Number) # 1613 N. Durham St.
5. Full Name of Mother, Frieda Krimmelbein
6. Mother's Maiden Name, Frieda Lorenz
7. Mother's Birthplace, Germany
8. Full Name of Father, Ferdinand Krimmelbein
9. Father's Occupation Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary E. Lair

Address, 625 Hopkins Pl.

Remarks,

1640

Wm. J. C. Dulany Co., City Printers and Stationers.

0 7 5 8 0 0 0 0 7 9

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63038

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 4th 1896
4. Place of Birth, (Street and Number) 131 N. Randall St
5. Full Name of Mother, Catherine Elizabeth Kaemel
6. Mother's Maiden Name, " " Rosebach
7. Mother's Birthplace, Germany
8. Full Name of Father, Jacob Kaemel
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 N. Broadway

Remarks,

8950000880

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63039

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 4 nd

1. Sex, (state whether male or female) Female A
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb 7/95
4. Place of Birth, (Street and Number) B. M. Hosp. Maternite 29 N. Bond St
5. Full Name of Mother, Charlotte Wales
6. Mother's Maiden Name, "
7. Mother's Birthplace, Somerset Co. Md.
8. Full Name of Father, John Henderson
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore Co. Md.

Name of Medical Attendant, or other person who makes this Return, J. C. Ohlendorf Jr. M. D.

Address, 518 N. Bond St

Remarks,

84540008811

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 63040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 4 1885
4. Place of Birth, (Street and Number) 416 E Broadway
5. Full Name of Mother, Elizabeth Tipsy
6. Mother's Maiden Name, Steck
7. Mother's Birthplace, Md
8. Full Name of Father, Henry L Tipsy
9. Father's Occupation Brick Layer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, J. Henry Kerr Bowie MD

Address, 25 E Gough St

Remarks,

1895 0000882

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	A. White
3. *Date of Birth,*	May 4th 1895
4. *Place of Birth, (Street and Number)*	914 Eastern Ave
5. *Full Name of Mother,*	Mary
6. *Mother's Maiden Name,*	McComas.
7. *Mother's Birthplace,*	U. S. A.
8. *Full Name of Father,*	George Henry Masten
9. *Father's Occupation*	Mechanic
10. *Father's Birthplace,*	U. S. A.
Name of Medical Attendant, or other person who makes this Return,	E. J. Williams
Address,	1114 Chesapeake St
Remarks,	

8950000883

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63042

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4 Feb 895
4. Place of Birth, (Street and Number) 1162 Lowther
5. Full Name of Mother, Annie Stein
6. Mother's Maiden Name, Feigel
7. Mother's Birthplace, Russia
8. Full Name of Father, Simon Stein
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E Schuman

Address, 1162 Mercer St

Remarks,

8 5 0 0 0 0 8 8 4

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63043

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Feb 5th 1895
4. *Place of Birth, (Street and Number)*	# 32. Old Frederick Road
5. *Full Name of Mother,*	Mrs. Henrietta Stunt
6. *Mother's Maiden Name,*	Miss. " Smith
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	John . Stunt
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return.	Mrs. Hiller
Address,	# 2008. 16th Henry St
Remarks,	

1895000006885

Wm. J. C. Dulany Co., City Printers and Stationers.

63144

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

E

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Feb. 5 1895 P.M. Louisi
4. Place of Birth (Street and Number) 513 S. Washington St.
5. Full Name of Mother Mary Victoria Northman
6. Mother's Maiden Name M. V. Evans
7. Mother's Birthplace Balto City
8. Full Name of Father Louis Northman
9. Father's Occupation Engineer
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. James E Donnelly M.D.

Address 1701 Baltimore St East

Remarks

1895000.0886

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 63145

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~1~~ 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, February 5th 1895
4. Place of Birth, (Street and Number) ~~1 Nor 129 Stafford St~~ ~~Stafford St~~
5. Full Name of Mother, Ida Steigewald
6. Mother's Maiden Name, Ida Quillian
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Steigewald
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, 8950000887

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co. City Printers and Stationers.

RETURN OF A BIRTH. 63046

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 5th
4. Place of Birth, (Street and Number) 4½ E. Fairmount Ave.
5. Full Name of Mother, Agnes Smith
6. Mother's Maiden Name, Baltimore
7. Mother's Birthplace, George Stigerwalt
8. Full Name of Father, Driver
9. Father's Occupation Baltimore
10. Father's Birthplace, Mrs L. Guss, Jr.

Name of Medical Attendant, or other person who makes this Return,

Address, No 1907 E Monument

Remarks,

1825000000888

Every case of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 4

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, February 5th 1895.
4. Place of Birth, (Street and Number) 224 N. Eaton Street.
5. Full Name of Mother, Mary E. Barker.
6. Mother's Maiden Name, Mary E. Gichard
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Willard D. Barker.
9. Father's Occupation Electrician
10. Father's Birthplace, Baltimore Co. Md.

Name of Medical Attendant, or other person who makes this Return Edw. L. Krug M.D.

Address, 662 W. Lexington St.

Remarks, 1895000063 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63148

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1th A
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	February 5th 1923
4. Place of Birth, (Street and Number)	1a 139 Eastland St
5. Full Name of Mother,	Minnie Largarena
6. Mother's Maiden Name,	Minnie Heinrich
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Peter Largarena
9. Father's Occupation	Magistrate
10. Father's Birthplace,	Lucarania
Name of Medical Attendant, or other person who makes this Return,	Catherine Hennig
Address,	1e 1317 Byrd St
Remarks,	8950000890

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH 63049

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feby 5 95
4. *Place of Birth, (Street and Number)*	559 Mosher St
5. *Full Name of Mother,*	Mary Ann Richardson
6. *Mother's Maiden Name,*	Mary Ann Fletcher
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Geo H Richardson
9. *Father's Occupation,*	Driver
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return.	Albert H Hadelund
Address,	1143 Park Ave
Remarks,	

A

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

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WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 62050

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~) 1

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* February 5. 1895
4. *Place of Birth, (Street and Number)* 16 Orleans St
5. *Full Name of Mother,* Annie E Armhold
6. *Mother's Maiden Name,* " " Strahan
7. *Mother's Birthplace,* Phila, Pa
8. *Full Name of Father,* Thomas H Armhold
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Phila Pa

Name of Medical Attendant, ~~or other person~~ who makes this Return, Geo. F. Taylor M.D

Address, 1254 N. Broadway

Remarks,

B 2 5 0 0 0 0 8 9 2

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Feb. 5 1895
4. *Place of Birth, (Street and Number)* 1110 N. Hoffman St
5. *Full Name of Mother,* Annie Ford
6. *Mother's Maiden Name,* Annie Ford
7. *Mother's Birthplace,* Page Co. Va.
8. *Full Name of Father,* Henry Perkinson
9. *Father's Occupation* Coal Carrier
10. *Father's Birthplace,* Harford Co. Md.

Name of Medical Attendant, or other person who makes this Return, Louis Cohen, M.D. Resident

Address, Maternite Good Samaritan Hospital

Remarks, 1110 N. Hoffman St.

8 9 5 0 0 0 0 8 9 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63052

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby 5th 1895
4. Place of Birth, (Street and Number) 1437 Patterson Ave
5. Full Name of Mother, Mary Thome
6. Mother's Maiden Name, Mary Sander
7. Mother's Birthplace, Hanover Germany Europe
8. Full Name of Father, Robt. Michael Thomes
9. Father's Occupation, Bread & Cake Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, D. H. T. Chappell

Address, 1351 Hillsdale St.

Remarks,

third day of each and every month to the office of the Commissioner of Health In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

3950000894

RETURN OF A BIRTH. 63053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 5 th
4. Place of Birth, (Street and Number) 1 Ogle Alley 711
5. Full Name of Mother Maggie Pawashick
6. Mother's Maiden Name, " Kaczkei
7. Mother's Birthplace, Poland
8. Full Name of Father, Frank Pawashick
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Wotzke

Address, 612 Bond St.

Remarks,

8750000895

Every midwife or physician or practitioner of midwifery shall, within the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63054

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	5 February 1895
4. *Place of Birth, (Street and Number)*	301 Sharp Str.
5. *Full Name of Mother,*	Anne Furman
6. *Mother's Maiden Name,*	Anne Gruzinske
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Joseph Furman
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	Dr. W. Rubinstein
Address,	105 W. Barre Str.
Remarks,	

6 7 5 0 0 0 0 8 9 6

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 6 30 55

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 5 1895
4. Place of Birth, (Street and Number) 833 Ashland ave Baltimore City
5. Full Name of Mother, Mary Cronin
6. Mother's Maiden Name, Mary Gillen
7. Mother's Birthplace, Island
8. Full Name of Father, James Cronin
9. Father's Occupation, Laborer
10. Father's Birthplace, Island

Name of Medical Attendant, or other person who makes this Return, Jno Mary Tibbs

Address, 914 b Lipton Place

Remarks,

8450000897

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63056

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 6 1895

4. Place of Birth, (Street and Number) 2988 Dillon St

5. Full Name of Mother, Alice Norton

6. Mother's Maiden Name, Gough

7. Mother's Birthplace, Balto

8. Full Name of Father, John L Norton

9. Father's Occupation Engineer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Sarah P Starrington

Address, 924 Binney St

Remarks,

A

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1895 00008998

RETURN OF A BIRTH. 63057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. *Sex, (state whether male or female)*	Female A.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	6 of February
4. *Place of Birth, (Street and Number)*	# 2314 Monument st
5. *Full Name of Mother,*	Jennie Dirlow
6. *Mother's Maiden Name;*	Rotolo
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James H. Dirlow
9. *Father's Occupation*	Bricklayer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs L. Grosz
Address,	1907 E Monument st
Remarks,	

1 8 9 5 0 0 0 0 3 9 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 63058

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~)	Second.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	Brown. African origin.
3. *Date of Birth,*	February 6. 1895.
4. *Place of Birth, (Street and Number)*	S. Eutaw St. No 817.
5. *Full Name of Mother,*	Margaretha Jackson.
6. *Mother's Maiden Name,*	Margaretha Long.
7. *Mother's Birthplace,*	Baltimore City. Md.
8. *Full Name of Father,*	Grant Jackson.
9. *Father's Occupation,*	Oyster Shucker.
10. *Father's Birthplace,*	Washington. D. C.
Name of Medical Attendant, or other person who makes this Return.	A. F. Volkman. M. D.
Address,	No 620. S. Eutaw Street. Balt. Md.
Remarks,	

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

8950000900

Over

RETURN OF A BIRTH. 63059

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Walter H. Slicer

A

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (state whether male or ~~female~~) White
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 6 1895
4. Place of Birth, (Street and Number) 816 N Paca St
5. Full Name of Mother, Annie Gertrude Slicer
6. Mother's Maiden Name, Chambers
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Francis Donilson Slicer
9. Father's Occupation Baker
10. Father's Birthplace, Shiloh Pa

Name of Medical Attendant, or other person who makes this Return, Henry A Lemke MD

Address, 526 Sharp St

Remarks, 18950000901

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 63060

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* Feb. 6th 1895

4. *Place of Birth, (Street and Number)* 26 E. Lee St.

5. *Full Name of Mother,* Eliza Harris

6. *Mother's Maiden Name,* Eliza Gross

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Frank Harris

9. *Father's Occupation* Painter

10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Miss Anna Taylor

Address, 111 Hanford Alley

Remarks,

A

8 9 5 0 0 0 0 9 0 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63061

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb. 6th 1895
4. *Place of Birth (Street and Number)* 237 N. Carey St.
5. *Full Name of Mother* Eleanor Fells
6. *Mother's Maiden Name* " Hracock,
7. *Mother's Birthplace* Catonsville, Md.
8. *Full Name of Father* Harry A. Fells
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Charles L. Ely, M.D.

Address 312 N. Carey St.

Remarks

B 2 5 0 0 0 0 9 0 3

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 63062 A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Fml
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 6 1895
4. *Place of Birth, (Street and Number)* Low st 1014
5. *Full Name of Mother,* Agnes Dorgler
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Saxon
8. *Full Name of Father,* John Dorgler
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Saxon

Name of Medical Attendant, or other person who makes this Return, Mary Kapfer

Address, N Washington 205

Remarks,

1 8 9 5 0 0 0 0 9 0 4

said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63063

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, October 1895

4. Place of Birth, (Street and Number) 211 E. Eutaw St.

5. Full Name of Mother, [illegible]

6. Mother's Maiden Name, [illegible]

7. Mother's Birthplace, [illegible]

8. Full Name of Father, [illegible]

9. Father's Occupation [illegible]

10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return [illegible]

Address, [illegible]

Remarks, [illegible]

[illegible]

Wm. J. C. Dulany Co., City Printers and Stationers

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 13064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 6th
4. *Place of Birth, (Street and Number)*	503 So Fremont St
5. *Full Name of Mother,*	Mary Michael
6. *Mother's Maiden Name,*	Mary Schaffer
7. *Mother's Birthplace,*	Pennsylvania
8. *Full Name of Father,*	John Michael
9. *Father's Occupation*	Cook
10. *Father's Birthplace,*	Washington DC
Name of Medical Attendant, or other person who makes this Return,	Hellgonda Slafe
Address,	641 So Paca
Remarks,	

8950000906

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63065

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W
3. Date of Birth, Feby 6/95
4. Place of Birth, (Street and Number) 1234 Hanbut St
5. Full Name of Mother, Mrs Mary Flynn
6. Mother's Maiden Name, Mary O'Hara
7. Mother's Birthplace, Ireland
8. Full Name of Father, Michael Flynn
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Ann O'Connor

Address, 1112 Hanbut St

Remarks,

A

0 9 5 0 0 0 0 9 0 7

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63016

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

A.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb 7 1895
4. Place of Birth, (Street and Number) 1426 Bank St
5. Full Name of Mother, Mary Smith
6. Mother's Maiden Name, Mary Apfel
7. Mother's Birthplace, Balto
8. Full Name of Father, Frederick Smith
9. Father's Occupation, Box Maker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary E. Pengay

Address, 1903 Gough St

Remarks,

8 9 5 0 0 0 0 9 0 8

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 63067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Primary

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby. 9th 1895: 11. P.M.
4. Place of Birth, (Street and Number) 1112. W Lexington St
5. Full Name of Mother, Jennie ~~D~~ Droney
6. Mother's Maiden Name, Jennie D. Connolly
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank P Droney
9. Father's Occupation, Lithographer
10. Father's Birthplace, Baltimore md.

Name of Medical Attendant, or other person who makes this Return. 1135 W. Lexington St

Address, Baltimore md

Remarks,

0 9 5 0 0 0 0 9 0 9

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 6308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (~~state whether~~ male (~~or female~~)*	A
2. *Race ~~or Color, if not of the~~ white race)*	
3. *Date of Birth,*	February 7th 1895
4. *Place of Birth, (Street and Number)*	1711 Bank
5. *Full Name of Mother,*	Katie Mayer
6. *Mother's Maiden Name,*	Schmeerland
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Ferdinand A Mayer
9. *Father's Occupation*	conductor
10. *Father's Birthplace,*	Balto city
Name of Medical Attendant, or other person who makes this Return,	J. Ridgway Audrey M.D.
Address,	1123 E Baltimore st
Remarks,	

1895000910

Wm. J. C. Dulany Co., City Printers and Stationers

The Certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 13069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 th child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan Tue 7 1895
4. Place of Birth, (Street and Number) 230 Williamson st
5. Full Name of Mother, Blanch Edwards
6. Mother's Maiden Name, Blanch Lowry
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Ingersoll Edwards
9. Father's Occupation Engineer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Dr. Keesley

Address, 213 E Hoffman St.

Remarks, Home Well.

825000001

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 63070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* The 4 of February 1895
4. *Place of Birth, (Street and Number)* No 1025 Hollins St
5. *Full Name of Mother,* Mary Sweeney
6. *Mother's Maiden Name,* Ruby Mitchell
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Sweeney
9. *Father's Occupation* Sailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Wm C. Lucas

Address, No 1054 Hanover St

Remarks, Natl Gud

1895

1875000002 12

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63171

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	7th Feb.
4. *Place of Birth, (Street and Number)*	Baltimore 1123 Pinckney St.
5. *Full Name of Mother,*	Serena E. Clark
6. *Mother's Maiden Name,*	Serena E. Hart
7. *Mother's Birthplace,*	Lancaster Pa
8. *Full Name of Father,*	James E. Clarke
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Jno. Cottenden
Address,	1109 E Pratt St
Remarks,	5 7 5 0 0 0 0 9 1 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, February 7
4. Place of Birth, (Street and Number) 1215 China Alley
5. Full Name of Mother, Louise Greines.
6. Mother's Maiden Name, Louise Döu.
7. Mother's Birthplace, Bidenkopf. Hessen Germany
8. Full Name of Father, Franz Greines.
9. Father's Occupation, Cabinetmaker.
10. Father's Birthplace, Hessel Cst Pr Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 W. Cross 26

Remarks,

8450000914

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 63073

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Feb. 7th 95
4. Place of Birth (Street and Number), 821 St. Paul
5. Full Name of Mother, S. Gwendolen Andrews,
6. Mother's Maiden Name, S. Gwendolen Foulke,
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, Ethan Allen Andrews,
9. Father's Occupation, Professor of Biology
10. Father's Birthplace, Connecticut

Name of Medical Attendant, or other person who makes this Return. W. V. Mark, M.D.

Address, 917 Madison Ave.

Remarks,

1895000015

...nore Publishing Co., City Printers and Stationers.

...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, Feb 9th
4. Place of Birth, (Street and Number) Dallas Alley 610
5. Full Name of Mother, Lizzie Russel
6. Mother's Maiden Name, Pelst
7. Mother's Birthplace, Poland
8. Full Name of Father, Franks Russel
9. Father's Occupation, Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Burke

Address, 602 Bond St.

Remarks,

8950000916

Wm. J. C. Dulany Co., City Printers and Stationers.

The ... day of each and every month to the office of the ... practitioner in the form of a certificate between the first and ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63075

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) It Italian
3. Date of Birth, Feb 7th, 1
4. Place of Birth, (Street and Number) Luzerne 2609
5. Full Name of Mother, Betta Kawalska
6. Mother's Maiden Name, " Lakawska
7. Mother's Birthplace, Poland
8. Full Name of Father, Simon Kawalska
9. Father's Occupation, Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return. Mary Pendzyka

Address,

Remarks,

0750000917

Wm. J. C. Dulany Co., City Printers and Stationers.

OWW

RETURN OF A BIRTH. 63076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Raymond John Pieffer

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex*, (state whether male or female) Male
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth*, Feb 8 95
4. *Place of Birth*, (Street and Number) Register 719
5. *Full Name of Mother*, Katie (Deppen) Pieffer
6. *Mother's Maiden Name*, Renawitch
7. *Mother's Birthplace*, Poland
8. *Full Name of Father*, John Pieffer
9. *Father's Occupation*, Laborer
10. *Father's Birthplace*, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Hendrickson

Address, 622 Bank St.

Remarks,

1895 00009 18

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Friday February 3rd 95 2 A.M.
4. Place of Birth, (Street and Number) 501 Gold St
5. Full Name of Mother, Fanny Peck
6. Mother's Maiden Name, Fanny Richardson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Alex H. Peck
9. Father's Occupation Writer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Osmond MD

Address, 116 W. Mulberry St

Remarks,

8 4 5 0 0 0 0 9 1 9

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be delivered, duly signed by the practitioner in the form of a certificate, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Henry Griffith

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Six

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 8th 1896
4. Place of Birth, (Street and Number) 718 Eastern St
5. Full Name of Mother, Marguette Griffith
6. Mother's Maiden Name, Marguerite ~~Griffith~~ Wienscour
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Allen A Griffith
9. Father's Occupation, Fruit & Produce Dealer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, GIVEN NAME ADDED 6-3-53 711 W. Cross St

Remarks, L. M.

1 8 9 5 0 0 0 0 9 2 0

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 8th — 95 th
4. Place of Birth, (Street and Number) 108 E Madison
5. Full Name of Mother, Fanny Woodside
6. Mother's Maiden Name, Grace
7. Mother's Birthplace, Kentucky
8. Full Name of Father, Sam L. Woodside
9. Father's Occupation, —
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, A. H. Powell M.D

Address, 805 Park Ave

Remarks,

1895000009 21

Each birth must be reported every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63080

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 the

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8 of February
4. Place of Birth, (Street and Number) 714 Rose St.
5. Full Name of Mother, Mary Amberg
6. Mother's Maiden Name, Viniger
7. Mother's Birthplace, Balto.
8. Full Name of Father, Alfred Amberg
9. Father's Occupation Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Weiss

Address, 2122 Canton Ave.

Remarks, 1 0 9 5 0 0 0 0 9 2 2

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 6 3081

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8 of February 1895
4. Place of Birth, (Street and Number) cor of Canton Ave. Burke Ln.
5. Full Name of Mother, M. Hopkins
6. Mother's Maiden Name, = Ernst.
7. Mother's Birthplace, Balto
8. Full Name of Father, John Hopkins
9. Father's Occupation Engineer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Wm G. Weiss

Address, 2122 Canton Ave

Remarks,

1895000923

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63082

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Feb 8th 1895
4. *Place of Birth (Street and Number)*	1900 Edmondson Ave
5. *Full Name of Mother*	Elizabeth G. Humphreys
6. *Mother's Maiden Name*	" Horn
7. *Mother's Birthplace*	Annapolis Md.
8. *Full Name of Father*	Sabrit S. Humphreys
9. *Father's Occupation*	Salesman
10. *Father's Birthplace*	Balto. Co.
Name of Medical Attendant, or other Person who makes this Return.	J. D. Egbert
Address	1214 Linden Ave.
Remarks	

1895000924

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 63183

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child A

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth. Feb - 9th 1895

4. Place of Birth, (Street and Number) Baltimore Md 555 Riley Lane

5. Full Name of Mother, Sarah Riley

6. Mother's Maiden Name, Sarah McGowan

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Edward Riley

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Dr Mary Fleming

Address, 414 S Stricker St Baltimore Md

Remarks, Mother and Child are doing well

1895 0 0 0 0 9 2 5

Wm J C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 9th 1895.
4. *Place of Birth, (Street and Number)* 1505 E. Hoffman st.
5. *Full Name of Mother,* Mamie McCloskey
6. *Mother's Maiden Name,* " Hagan
7. *Mother's Birthplace.* Balto. City
8. *Full Name of Father,* Charles A. McCloskey
9. *Father's Occupation,* Shipping clerk
10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.

Address, 1219 N. Caroline st.

Remarks,

1895000092

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 63085

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (State whether male or female) Female.
2. Race or color, (if not of the white race) White.
3. Date of Birth, Feby 9/95.
4. Place of Birth, (Street and Number) 2311 Druid Hill av.
5. Full Name of Mother, Florence V. Talbot.
6. Mother's Maiden Name, Dowling -
7. Mother's Birthplace, Balto -
8. Full Name of Father, Thos. B. Talbot.
9. Father's Occupation, Druggist.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. R. H. Goldsmith. M.D. 22 Fulton av & Calhoun st.

Address,

Remarks,

8 9 5 0 0 0 0 9 2 7

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 63086

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Males
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Feby 9th 1895
4. Place of Birth, (Street and Number) 245 Forrest St
5. Full Name of Mother, Sarah B Webster
6. Mother's Maiden Name, Sarah B Johnson
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John A Webster
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, S. C. Wedgefarth

Address, 1120 E Monument St.

Remarks, 1895000000928

Wm J C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3rd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White A.

3. Date of Birth, February 9th 1895.

4. Place of Birth, (Street and Number) 2410 E. Baltimore Street

5. Full Name of Mother, Ella Virginia Hebb

6. Mother's Maiden Name, " " Beckwith

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James H. Hebb

9. Father's Occupation Pilot

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, James F. Shane. M.D.

Address, 2 S. Patterson Park Ave.

Remarks,

1895 00 00 029

Wm. J. C. Dulany Co., City Printers and Stationers.

When a birth shall occur, it shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) A

3. Date of Birth, 9th February.

4. Place of Birth, (Street and Number) No 1806 E. Biddle St

5. Full Name of Mother, Sabina Benner

6. Mother's Maiden Name, Krauss.

7. Mother's Birthplace, Balto.

8. Full Name of Father, Henry Benner

9. Father's Occupation, Baker

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross

Address, 1907 E. Monument St

Remarks,

1895 00009 30

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 9th of February

4. Place of Birth, (Street and Number) No 2249 McElderry st.

5. Full Name of Mother, Christine Humphreys

6. Mother's Maiden Name, Brunnett

7. Mother's Birthplace, Germany

8. Full Name of Father, Millard Humphreys

9. Father's Occupation, Hucksters

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm L Gross

Address, 1907 E Monument st

Remarks,

1845002931

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63090

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (~~state whether male or female~~) ~~Margaret~~ Ethel O'neill

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 9th 1895

4. Place of Birth, (Street and Number) 745 N Fulton Ave

5. Full Name of Mother, ~~Margaret~~ (Margaret) Evans (~~Oneil~~) O'neill

6. Mother's Maiden Name, (Margaret) Evans

7. Mother's Birthplace, Madison Co Va.

8. Full Name of Father, John B. (Oneil) O'neill

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return,

Address, 179 W Lombard Dr Wm Correll MD

Remarks,

A

B 7 5 0 0 0 0 0 9 3 2

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63091

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white A.

3. Date of Birth, Feb 9 1895

4. Place of Birth, (Street and Number) 1143 Sharp st.

5. Full Name of Mother, Amela Schmidt

6. Mother's Maiden Name, Oeserfus

7. Mother's Birthplace, Germany

8. Full Name of Father, John Schmidt

9. Father's Occupation laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 434 Fort ave.

Remarks,

1895 00 00 233

Wm. J. C. Dulany Co,. City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Feb. 9th,
4. Place of Birth, (Street and Number)	702 Dolfe' dr.
5. Full Name of Mother,	Mary Makofska
6. Mother's Maiden Name,	Nickel
7. Mother's Birthplace,	Polish
8. Full Name of Father,	John Makofska
9. Father's Occupation	Laborer
10. Father's Birthplace,	Poland
Name of Medical Attendant, or other person who makes this Return,	Mary Kadzyka
Address,	602 Bond St.
Remarks.	

1 8 9 5 0 0 0 0 9 3 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63093

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 9th
4. Place of Birth, (Street and Number) Lancaster 1813
5. Full Name of Mother, Mary Bashinska
6. Mother's Maiden Name, Bawasle
7. Mother's Birthplace, Poland
8. Full Name of Father, Jacab Bashinska
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Kadzka

Address, 662 Bond St.

Remarks,

18950008935

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

L 3094

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 7 1895
4. Place of Birth, (Street and Number) No 18 Wolf st
5. Full Name of Mother, Mary Voith
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Anton Voith
9. Father's Occupation Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Kahler

Address, 708 Washington ave

Remarks,

8 9 5 0 0 0 0 9 3 6

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 63095

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, February 9 1895

4. Place of Birth, (Street and Number) Jefferson and Eylor Sts Hamilton Annex

5. Full Name of Mother, Lillie Lakewood

6. Mother's Maiden Name, Jefferson

7. Mother's Birthplace, Md

8. Full Name of Father, William Lakewood

9. Father's Occupation Labor

10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, J. Young Westbrook Md

Address, 237 Eutaw Street

Remarks,

6750000937

Wm. J. C. Dulany Co., City Printers and Stationers

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63096

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male 4

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Nov 10 1895

4. Place of Birth, (Street and Number) Home

5. Full Name of Mother, Pastora

6. Mother's Maiden Name, Bell Washington

7. Mother's Birthplace, Md

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Susan E Bailey

Address, 108 Talbot St

Remarks, Waverly Balto City

1895 0 0 0 0 9 3 8

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 6307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 10 th
4. Place of Birth, (Street and Number) Bond 622
5. Full Name of Mother, Barbara Zebinski
6. Mother's Maiden Name, Sharonski
7. Mother's Birthplace, Poland
8. Full Name of Father Alic Zebinski
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Kubzka

Address, 622 S. Bond St.

Remarks,

1895000009 39

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63098

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	White
2. Race or Color (if not of the white race)	
3. Date of Birth	July 10
4. Place of Birth (Street and Number)	130 S Carey St
5. Full Name of Mother	Martha Donaldson Helmericy
6. Mother's Maiden Name	Martha Donaldson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry A Helmericy
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Robert K Kinney
Address	220 N Gilmor
Remarks	

1895000009 40

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 63099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sunday Feb. 10
4. *Place of Birth, (Street and Number)* 508 N. Caroline St.
5. *Full Name of Mother,* Annie Mary Lewis
6. *Mother's Maiden Name,* Annie Mary Thomas
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Isaac H Lewis
9. *Father's Occupation* Labourer
10. *Father's Birthplace,* Eastern Shore Maryland

Name of Medical Attendant, or other person who makes this Return, Caroline Patterson

Address, 419 Lewis St.

Remarks, Doing as well as can be expected.

C 7500009 41

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 63101

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First,

1. *Sex, (state whether male or female)* Female,
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sunday, February tenth, 1895.
4. *Place of Birth, (Street and Number)* 1932 Druid Hill Ave,
5. *Full Name of Mother.* Florence Augusta Houck,
6. *Mother's Maiden Name.* Florence Augusta Gardner,
7. *Mother's Birthplace.* Baltimore,
8. *Full Name of Father.* Samuel Edward Houck,
9. *Father's Occupation,* Reg. San. Plumber,
10. *Father's Birthplace.* Cincinnati,

Name of Medical Attendant, or other Person who makes this Return Dr. Flora A. Brewster,

Address, 1721 Madison Ave,

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 63111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 10 1855
4. Place of Birth, (Street and Number) Jackson St Homestead
5. Full Name of Mother, Anna Mantzka
6. Mother's Maiden Name, Dost
7. Mother's Birthplace, Germany
8. Full Name of Father, Albert Mantzka
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, J. L. Young, Asst Health Off

Address, 237 Locust Ave

Remarks,

1895000009 43

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 63112

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth 6

1. Sex, (state whether male or ~~female~~) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 10 1895

4. Place of Birth, (Street and Number) Jackson st Homestead. In rear

5. Full Name of Mother, Sarah C Byrne

6. Mother's Maiden Name, Kidd

7. Mother's Birthplace, Md

8. Full Name of Father, Francis J Byrne

9. Father's Occupation Machinist

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Henry Kostrock M D

Address, 237 Lancaster

Remarks,

1895000944

This certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63103

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female A.
2. Race or ~~Color~~, (if not of the white ~~race~~) White
3. Date of Birth, Feb 27 16 1895
4. Place of Birth, (Street and Number) 3 Harrison St Hospital annex
5. Full Name of Mother, Jane Lehr
6. Mother's Maiden Name, Hemmerle
7. Mother's Birthplace, Md
8. Full Name of Father, Jacob Lehr
9. Father's Occupation Carpenter
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Henry Hellrich M.D.

Address, 237 Gough

Remarks,

8950000945

The Return shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 63104

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 11th 1900
4. Place of Birth, (Street and Number) 1840 E. Monument St
5. Full Name of Mother, Mrs Maggie O'Connor
6. Mother's Maiden Name, Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph V. O'Connor
9. Father's Occupation Contracting Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Worden

Address, 347 N Calvert

Remarks,

8 9 5 0 0 0 0 2 9 4 6

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 63105

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, February 16th 1895
4. Place of Birth, (Street and Number) 758 Wesson St
5. Full Name of Mother, Mary J. Williams
6. Mother's Maiden Name, [illegible] Arthur
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William Williams
9. Father's Occupation, Produce Dealer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, 1124 Park ave

Remarks,

1895 0 0 0 0 9 4 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63106

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1. Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Feb. 11th 1895
4. *Place of Birth, (Street and Number)*	# 421. Pulaski St.
5. *Full Name of Mother,*	Mrs. Emma Hoffman
6. *Mother's Maiden Name,*	Miss. " Vileyar
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	George Hoffman
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Balto. City
Name of Medical Attendant, or other person who makes this Return.	Mrs. Hiller
Address,	# 2008 Mc Henry St
Remarks,	

1895000000948

Wm. J. C. Dulany Co., City Printers and Stationers.

...third day of each and every month, ... by the practitioner in the form of a certificate between the first and ... shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

63106

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

List of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT BALTIMORE MD DEC 7 1900

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 20. 1883
4. *Place of Birth, (Street and Number)* 27 Hanford ave
5. *Full Name of Mother,* Henrietta Standiford
6. *Mother's Maiden Name,* Zimmer
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Isaac Standiford
9. *Father's Occupation,* Mason Foreman
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. L. H. Siegfried Jr M D

Address, 1 North Central Ave

Remarks, I have no record of this case but as the Mother said I was called in after the birth. I will issue Certificate

5750000949

John Murphy & Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 the

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11 of February
4. *Place of Birth, (Street and Number)* 2220 Canton Avenue
5. *Full Name of Mother,* Mary Ensy
6. *Mother's Maiden Name,* = Wetael
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Ensy
9. *Father's Occupation* Firemen
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs L. Weiss

Address, 2122 Canton Ave.

Remarks,

8 9 5 0 0 0 0 0 9 5 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63108

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 11/95

4. Place of Birth, (Street and Number) Calvert

5. Full Name of Mother, Mrs Harry C. Leach

6. Mother's Maiden Name, Carrie N. Goode

7. Mother's Birthplace, Chicago

8. Full Name of Father, Harry C. Leach

9. Father's Occupation Salesman

10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return E. Everett Reid

Address, 2505 Eutaw

Remarks,

1 89500000051

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Feb 11 1895
4. Place of Birth, (Street and Number) 506 Wilkage st
5. Full Name of Mother, Maggie Junker
6. Mother's Maiden Name, Nagel
7. Mother's Birthplace, Germany
8. Full Name of Father, Rudolph Junker
9. Father's Occupation painter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 934 Fort ave

Remarks,

1895 00009 52

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 63110 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth Child

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) Black

3. Date of Birth, April 17th 1895

4. Place of Birth, (Street and Number) 113 S. Broadway

5. Full Name of Mother, Lizzie Lee

6. Mother's Maiden Name, Lizzie Lee

7. Mother's Birthplace, Portsmouth Va

8. Full Name of Father, Same

9. Father's Occupation Laborer

10. Father's Birthplace, Portsmouth Va

Name of Medical Attendant, or other person who makes this Return, Mrs Phipps

Address, 1 S Montford

Remarks, Colored

1895 Colored 3

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, and the attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Orig

RETURN OF A BIRTH. 63111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the line of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 of February
4. *Place of Birth, (Street and Number)* 1811 Eames St.
5. *Full Name of Mother,* (Mary ~~Eagle~~ Behrns) Maria Berendo
6. *Mother's Maiden Name,* Maria Eagle.
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Reinhard (Behrns) Berendo
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs L Weiss

Address, 2122 Easton Ave.

Remarks,

1895 0 0 0 0 9 5 4

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 63112

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) —
3. Date of Birth, 12th of February
4. Place of Birth, (Street and Number) # 2443 Milton Ave
5. Full Name of Mother, Louisa Caroline
6. Mother's Maiden Name, Kessler
7. Mother's Birthplace, Balto
8. Full Name of Father, George Caroline
9. Father's Occupation, Gas maker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs L. Ross

Address, 1707 E Monument St.

Remarks,

1 8 2 5 0 0 0 0 0 5 5

A

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63113

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 12th 95
4. *Place of Birth, (Street and Number)* 21 S. Carey St
5. *Full Name of Mother,* Louise Reed
6. *Mother's Maiden Name,* Louise Dill
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Baker Reed
9. *Father's Occupation* Upholsterer
10. *Father's Birthplace.* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Henry C. Chew. M.D.

Address, 1203 Hollins St

Remarks,

8750000956

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 19
4. Place of Birth, (Street and Number) Boston St. 3036
5. Full Name of Mother, Victora Seidock
6. Mother's Maiden Name, // Wamkofska
7. Mother's Birthplace, Poland
8. Full Name of Father, George Seidock
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return Karol Krzyzka

Address, 602 Bond St.

Remarks,

1895 0 0 0 0 9 5 7

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63115

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 13 1855
4. Place of Birth, (Street and Number) 28 Jackson st Homestead
5. Full Name of Mother, Elizabeth Walker
6. Mother's Maiden Name, Kramer
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Walker
9. Father's Occupation Carpenter
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, H Leary Westbrook M.D.

Address, 237 Eastern Ave

Remarks,

1 6 7 5 0 0 0 9 5 8

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

(over)

RETURN OF A BIRTH. 63116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male — James C Diggs
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* Feb 13 th 1915
4. *Place of Birth, (Street and Number)* No 666 N Carrollton Ave
5. *Full Name of Mother,* Nannie Digges
6. *Mother's Maiden Name,* (Nannie V) Hooper
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Beverly (Bebley) Digges
9. *Father's Occupation* Carriage Painter
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other person who makes this Return, Mrs L Bond

Address, No 1907 E Monument St

Remarks,

1 8 2 5 6 0 0 0 0 2 5 2

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 63117

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Wed. Feb 13th 1895
4. *Place of Birth, (Street and Number)* 1118 Proctor St
5. *Full Name of Mother,* Mary Inc. Graham
6. *Mother's Maiden Name,* Mary Gillen
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Bernard Inc. Graham
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary Gibbs

Address, 916 Lytton — Palace

Remarks, Father has been dead for eight months

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

8 5 0 0 0 0 0 0 0 0 0 0 0 0

RETURN OF A BIRTH. 63118

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 & child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 13, 1895

4. Place of Birth, (Street and Number) 1729 Clinton St

5. Full Name of Mother, Elizabeth ~~Kate~~ Wagner

6. Mother's Maiden Name, ~~Kate~~ Elizabeth A. Braun

7. Mother's Birthplace, Balto

8. Full Name of Father, George Chas. Wagner

9. Father's Occupation Coal Yard

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Dr. R. Cosgrey

Address, 213 E. Hart St

Remarks, Hong Kel

8 9 5 0 0 0 0 9 6 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED 2-24-66

RETURN OF A BIRTH. 63119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: James Francis Cassidy

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 13, 1895
4. Place of Birth, (Street and Number) Roland Park.
5. Full Name of Mother, Mrs. Florence Cassidy
6. Mother's Maiden Name, Carlin.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James J. Cassidy.
9. Father's Occupation Grocer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Wooden

Address, 377 N. Calvert.

Remarks,

8 9 5 U 0 0 0 0 9 6 2

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63120

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 14
4. *Place of Birth, (Street and Number)* Luzern 2609
5. *Full Name of Mother,* Agatie Lubinski
6. *Mother's Maiden Name,* Yankofshack
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Kasmir Lubinski
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mary Jurzyk

Address, 662 Bond

Remarks,

* * 5 0 0 0 0 0 9 6 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63121

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 - 6

1. Sex, (state whether male or female) Male boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 14
4. Place of Birth, (Street and Number) Lancaster 1612
5. Full Name of Mother Anna Lutz
6. Mother's Maiden Name, " Bednarski
7. Mother's Birthplace, " Poland
8. Full Name of Father, John Lutz
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Kwiatka

Address, 602 Bond St.

Remarks,

1 8 9 5 0 0 0 0 9 6 4

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63122

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 14th 1895
4. Place of Birth, (Street and Number) 1742 Hanover St
5. Full Name of Mother, Elizabeth Wood
6. Mother's Maiden Name, Elizabeth Hayes
7. Mother's Birthplace, Ireland
8. Full Name of Father, Abraham John Wood
9. Father's Occupation, Brass finisher
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Ellwood A. Anderson

Address, 1434 Patapsco St

Remarks,

8950000965

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63123

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 14 Feb 1895
4. Place of Birth, (Street and Number) 426 Wilhage st
5. Full Name of Mother, Ida Hinderdmark
6. Mother's Maiden Name, Ida Rigger
7. Mother's Birthplace, America
8. Full Name of Father, Louis Hinderdmark
9. Father's Occupation Labor
10. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return, Cardina Schwarz

Address, 434 Fort ave

Remarks,

1895 0000 0665

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH 6 3124

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	14 Feb 1895 —
4. Place of Birth, (Street and Number)	11 E Eager
5. Full Name of Mother,	Lucy V George
6. Mother's Maiden Name,	" Dugan
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Carter George
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	C B Gorman M D
Address,	9 E Eager
Remarks,	

1895 0000967

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63125

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 15 th 1845
4. *Place of Birth, (Street and Number)* 1023 E. Lombard St.
5. *Full Name of Mother,* Rachel Davidson
6. *Mother's Maiden Name,* Rachel Yasad
7. *Mother's Birthplace,* Regilia
8. *Full Name of Father,* Abb Davidson
9. *Father's Occupation,* Tayler
10. *Father's Birthplace,* Pacto

Name of Medical Attendant, or other person who makes this Return.

Address, Yeta Clarvanty

Remarks, 1626 Lombard St

1 3 9 5 0 0 0 0 9 9 6 8

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 63126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 15th 95.
4. Place of Birth, (Street and Number) 14 N. Carey st.
5. Full Name of Mother, Fannie Neuhausen
6. Mother's Maiden Name, Fannie Neuman
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, M. A. Neuhausen
9. Father's Occupation Merchant
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Henry C. Price, M.D.

Address, 1703 W. Fayette st.

Remarks,

8 9 5 0 0 0 0 9 6 9

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 63127

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	15 of feb
4. *Place of Birth, (Street and Number)*	Baltimore 1633 Walsh St
5. *Full Name of Mother,*	ida graysg
6. *Mother's Maiden Name,*	ida glass
7. *Mother's Birthplace,*	Gearman
8. *Full Name of Father,*	Charles glass
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Daily
Address,	1633 Walsh St
Remarks,	None

8 4 5 0 0 0 0 9 7 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

SEC. 3. AND BE IT FURTHER ENACTED, That the full name and occupation of its parents, the date and place of birth, and the sex and color, the full name and occupation of its parents, the date and place of birth, and the sex and color of each child born alive in the City of Baltimore, shall be returned to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, on a blank to be furnished by said office, by the physician in attendance upon the mother, or by the midwife, or by the person who shall have charge of such child, within ten days after the birth of such child; and if any child shall be born without the attendance of a physician or midwife, then the father or mother of such child, or the householder in which such child is born, shall make such return within ten days after the birth of such child; and if any child shall be found in the City of Baltimore, which shall have been born elsewhere, the person having charge of such child shall, within ten days after coming into the City of Baltimore, make such return as is required in the case of children born in the City of Baltimore; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 63128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W
3. Date of Birth, Feby. 15 95
4. Place of Birth, (Street and Number) 1503 N. Bond St
5. Full Name of Mother, Cornelia ~~Hergesheimer~~ Johnson
6. Mother's Maiden Name, " Hergesheimer
7. Mother's Birthplace, Md City
8. Full Name of Father, Reverdy Johnson
9. Father's Occupation, Com. Merchant
10. Father's Birthplace, Anne Arundel Co Md

Name of Medical Attendant, or other person who makes this Return. R G Davis M.D

Address, 1507 N Caroline St

Remarks,

L 25 0000971

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 63129

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	February 15. 95
4. Place of Birth (Street and Number),	114 Market Space
5. Full Name of Mother,	Lotta Hermann
6. Mother's Maiden Name,	" Faust
7. Mother's Birthplace,	Russia
8. Full Name of Father,	Abraham Hermann
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Austria
Name of Medical Attendant, or other person who makes this Return.	Wm. Doetz
Address,	608 W. Lemmon St
Remarks,	

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

1 8 9 5 0 0 0 0 9 7 2

RETURN OF A BIRTH. 63/30

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	February 15th 1893
4. Place of Birth, (Street and Number)	208 Fort avenue
5. Full Name of Mother,	Anna C. Murphy
6. Mother's Maiden Name,	Anna Brown
7. Mother's Birthplace,	Charles county md
8. Full Name of Father,	John C. Murphy
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	New York N Y
Name of Medical Attendant, or other person who makes this Return,	Ellenora E. Anderson
Address,	1434 Patapsco St.
Remarks,	B 9500 0973

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63131

GIVEN NAME ADDED 10-31-55

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: VERBIE ~~THOMAS~~ GRIFFIN

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 16 th 1895
4. Place of Birth, (Street and Number) No 2101 Orleans St.
5. Full Name of Mother, Louisa Griffin
6. Mother's Maiden Name, Keene
7. Mother's Birthplace, Virginia
8. Full Name of Father, Thomas Griffin
9. Father's Occupation Blacksmith
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Mrs L. Gross

Address, No 1907 E Monument Stre

Remarks,

B 7 5 0 0 0 0 9 7 4

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Feb 11/44
4. *Place of Birth, (Street and Number)* 508 S. Eden St.
5. *Full Name of Mother,* Rachel Levin
6. *Mother's Maiden Name,* Rachel Seginger
7. *Mother's Birthplace,* Pasvalk R.
8. *Full Name of Father,* Morris Levin
9. *Father's Occupation,* Tayler
10. *Father's Birthplace,* Pasvalk R.

Name of Medical Attendant, or other person who makes this Return.

Address, Yetta Clowans 1022 E Lombard St

Remarks,

B 7500000975

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 63133

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female A
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Feb 16 15
4. *Place of Birth, (Street and Number)*	E. Bond St. 808
5. *Full Name of Mother,*	Caroline Gabrish
6. *Mother's Maiden Name,*	" Mareuski
7. *Mother's Birthplace,*	Poland
8. *Full Name of Father,*	John Gabrish
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Poland
Name of Medical Attendant, or other person who makes this Return,	Mary Kudzk
Address,	602 Bond Ave.
Remarks,	

8 9 5 0 0 0 0 9 7 6

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 63134

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Primipara

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Sunday Feb 19th 1898 2 o'clock PM
4. Place of Birth, (Street and Number) 3017 Hudson St
5. Full Name of Mother Mary Schmittel
6. Mother's Maiden Name Miman
7. Mother's Birthplace Baltimore City
8. Full Name of Father Samual J Schmittel
9. Father's Occupation Fireman on a Tugboat
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. J Ex Pichard MD

Address 1010 Chesapeake St

Remarks Delivered with Forceps very large child. Both mother and child are now doing well

1 8 9 5 0 0 0 0 9 7 7

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 63135

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* D

3. *Date of Birth,* Feb 17 11

4. *Place of Birth, (Street and Number)* 1269 Sargeant Ave

5. *Full Name of Mother,* Rose B. Parsonette

6. *Mother's Maiden Name,* " " Mealy

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Harry Parsonette

9. *Father's Occupation* Moulder

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm Harry Corrigan

Address,

Remarks,

8 9 5 0 0 0 0 9 7 8

A

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

63136

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 17, 1895
4. Place of Birth, (Street and Number) 1630 N. Caroline St
5. Full Name of Mother, Blanche Gough Thomas
6. Mother's Maiden Name, Blanche Gough
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Mont Thomas
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. J. F. Marbenet MD

Address, 1701 N Caroline St

Remarks, (Mrs Mary E. Moore) 8/5.0000979

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 63137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female (6 month) A.
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 17. Feb. 95
4. *Place of Birth, (Street and Number)* 324 W. Saratoga St
5. *Full Name of Mother,* Walpurga Niederhofer
6. *Mother's Maiden Name,* Walpurga Staat
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Niederhofer
9. *Father's Occupation,* Saloon Keeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return Dr. Robt. Hoffmann

Address, 502 W. Fayette St

Remarks,

8 4 5 0 0 0 0 9 8 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 63138

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12th Feb.
4. Place of Birth, (Street and Number) No. 1042 Baltic St.
5. Full Name of Mother, Mary Bell Hobick
6. Mother's Maiden Name, Dixon
7. Mother's Birthplace, Richmond Va.
8. Full Name of Father, Jefferson Burgess Hobick
9. Father's Occupation, Moulder
10. Father's Birthplace, Petersburg Va.

Name of Medical Attendant, or other person who makes this Return, Mrs A M. Bishop

Address, No 188 Cross St.

Remarks, Child died one day old from Atelectasis Livida

8 9 5 0 0 0 0 9 8 1

Wm J C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10-3-36

RETURN OF A BIRTH 63139

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Ora Birkley Fox

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sunday Feb. 17 1895

4. Place of Birth, (Street and Number) 1043 N. Saratoga St

5. Full Name of Mother, Amelia Fox

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Howard Co., Md.

8. Full Name of Father, ?

9. Father's Occupation, ~~~~

10. Father's Birthplace, ~~~~

Name of Medical Attendant, or other Person who makes this Return Lucie M Eastman

Address, 772 N Kenyon St.

Remarks, ~~~~

of the parents, and the maiden name of the mother of such child or children."

...CITY PRINTERS AND STATIONERS

0 7 5 0 0 0 0 9 8 2

RETURN OF A BIRTH. 63140

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 7th A.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 8 February

4. *Place of Birth, (Street and Number)* 1070 E. Eager

5. *Full Name of Mother,* Mary Grayson

6. *Mother's Maiden Name,* Mary Lyman

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John L. Grayson

9. *Father's Occupation* Carpenter

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return Mrs. Sh Lauer

Address, 1059 Maryland Ave

Remarks, Balt. Md.

1895

8 9 5 0 0 0 0 0 9 8 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63141

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Feb 18 1895
4. *Place of Birth, (Street and Number)* 220 Harriet Alley
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* [illegible]
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks, Born Dead

8 9 5 0 0 0 0 9 8 4

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63142

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	7 Feb 11
4. *Place of Birth, (Street and Number)*	1612 Scarden St
5. *Full Name of Mother,*	Annie Rotter Larkin
6. *Mother's Maiden Name,*	" Rogers
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Larkin
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs M Morgan
Address,	1612 Scott St
Remarks,	

8 7 5 0 0 0 0 9 8 5

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63143

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Jul. 18. 95
4.	*Place of Birth, (Street and Number)*	337 E. Lucindale Str.
5.	*Full Name of Mother,*	B. Ella Logan
6.	*Mother's Maiden Name,*	" " Horter
7.	*Mother's Birthplace,*	Pennsylvania
8.	*Full Name of Father,*	Wm P. Logan
9.	*Father's Occupation,*	R. R.
10.	*Father's Birthplace,*	City
	Name of Medical Attendant, or other person who makes this Return.	W. H. Sullivan M.D.
	Address,	5 E. Biddle St.
	Remarks,	

8950000986

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 63144

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 18 94
4. *Place of Birth, (Street and Number)* Bond St. 532
5. *Full Name of Mother,* Sophia Shelinski
6. *Mother's Maiden Name,* " Machanavitch
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* John Shelinski
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mary Kuzlera

Address, 602 S. Bond St.

Remarks,

8950000987

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63145

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female A
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* Feb 1st
4. *Place of Birth, (Street and Number)* 1227 James St
5. *Full Name of Mother,* Blanche Knell
6. *Mother's Maiden Name,* " Bell
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Knell
9. *Father's Occupation* Tobacco
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary A. Kenyon

Address, 412 Scott St

Remarks, 8 9 5 0 0 0 0 9 8 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63146

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	14 February
4. *Place of Birth, (Street and Number)*	S Dallas st 815
5. *Full Name of Mother,*	Kate Bradovsky
6. *Mother's Maiden Name,*	Soutezak
7. *Mother's Birthplace,*	Pole
8. *Full Name of Father,*	Stanislav Bradovsky
9. *Father's Occupation*	Workman
10. *Father's Birthplace,*	Pole
Name of Medical Attendant, or other person who makes this Return,	Mary Pratt
Address,	S Bond St 838
Remarks,	

8 9 5 U 0 0 0 0 9 8 9

...sex, Color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th A

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 19/95
4. *Place of Birth, (Street and Number)* 1703 Aliceanna St
5. *Full Name of Mother,* Lottie Gruner
6. *Mother's Maiden Name,* Lottie Habbleiser
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Otto Gruner
9. *Father's Occupation* Saloon Keeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, H. Bartlett Jr. M.D.

Address, 700 S Broadway

Remarks, Born U.S.A.

0 0 0 0 9 9 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63148

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 "Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 1st July. 1895
4. Place of Birth, (Street and Number) 20 Averysole St.
5. Full Name of Mother, Rosy Hoffman
6. Mother's Maiden Name, Rody Kotats
7. Mother's Birthplace, Russia
8. Full Name of Father, Natan Hoffman
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Prussia

Name of Medical Attendant, or other person who makes this Return, Clara Basan

Address, 64 centre Market Space

Remarks,

8950000991

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 1-14-59 E 3149

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Florence Beatrice Merryman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 31st ~~Feb~~ 1895
4. Place of Birth, (Street and Number) 1291 Carrollton ave
5. Full Name of Mother, Mary E. Merryman
6. Mother's Maiden Name, Pearson
7. Mother's Birthplace, Queen Anne's County Md
8. Full Name of Father, George H. Merryman
9. Father's Occupation, Brakesman B & O. R.R.
10. Father's Birthplace, Baltimore County Md

Name of Medical Attendant, or other person who makes this Return, Mrs Bauge

Address, 711 W. Cross st

Remarks.

8 4 5 0 0 0 0 9 9 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 the

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 of February
4. *Place of Birth, (Street and Number)* 815 Rose St.
5. *Full Name of Mother,* Babara Hertsner
6. *Mother's Maiden Name,* = Behm
7. *Mother's Birthplace,* Bavaria
8. *Full Name of Father,* Leonhardt
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Bavaria

Name of Medical Attendant, or other person who makes this Return, Mrs G. Weiss

Address, 2122 Canton Av.

Remarks,

8 9 5 0 0 0 0 9 9 3

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63151

CERTIFICATE CORRECTED 4-13-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Frank Theodore ~~Hartka~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3-

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2 February 1895

4. Place of Birth, (Street and Number) Hare St 1215

5. Full Name of Mother, Anna (Hardka) Hartka

6. Mother's Maiden Name, (Winowska) Wisniewska

7. Mother's Birthplace, Pole

8. Full Name of Father, Frank (Hardka) Hartka

9. Father's Occupation Laborman

10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return,

Address, H. Prell

Remarks, 21 Bond St. 838

6950000994

The Mother shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

63152

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 February
4. *Place of Birth, (Street and Number)* Genter Dec. 1737
5. *Full Name of Mother,* Juli Smith
6. *Mother's Maiden Name,* Oberska
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Joe Smith
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mo. Roll

Address, S. Bond St. 838

Remarks,

8950000995

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63153

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White 4
3. *Date of Birth,*	Feb. 24 1895
4. *Place of Birth, (Street and Number)*	Granby 127
5. *Full Name of Mother,* Mary	Pauls Pawlish
6. *Mother's Maiden Name,*	Wolaluska
7. *Mother's Birthplace,*	Poland
8. *Full Name of Father,* Anton	Pauls Pawlish
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Poland
Name of Medical Attendant, or other person who makes this Return.	Mary Krotzka
Address,	602 S. Bond St.
Remarks,	

8950000996

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63154

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 3 / 95
4. Place of Birth, (Street and Number) 613 S. Paca St.
5. Full Name of Mother, Nelly F. Rusa
6. Mother's Maiden Name, Keys.
7. Mother's Birthplace, Virginia.
8. Full Name of Father, John Rusa
9. Father's Occupation Barber.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Thos. McLumpsie M.D.

Address, 412 S Paca St.

Remarks,

8950000997

Wm. J. C. Dulany Co., City Printers and Stationers.

Sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63153

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	~~1st~~ Girl Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	3 February
4. *Place of Birth, (Street and Number)*	S. Bond Str. 1925
5. *Full Name of Mother,*	Helena Kinderesky
6. *Mother's Maiden Name,*	Levandovsky
7. *Mother's Birthplace,*	Russland Pol
8. *Full Name of Father,*	John Kinderesky
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Pole.
Name of Medical Attendant, or other person who makes this Return,	M. Prell
Address,	S Bond Str. 838
Remarks,	

6 9 5 0 0 0 0 9 9 8

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63156

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Feb 8th 1895
4. *Place of Birth, (Street and Number)* No 10 Kossuth St. Amer
5. *Full Name of Mother,* Louisa Spittel
6. *Mother's Maiden Name,* " " " Doll
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Geo. Spittel
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs. Bessie Wicks

Address,

Remarks,

8 7 5 0 0 0 0 9 9 9

The name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its father, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 63157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

(Over)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male - Charles Howard Northman
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5 of February
4. Place of Birth, (Street and Number) 215 Washington Ave.
5. Full Name of Mother, Amelia Northman
6. Mother's Maiden Name, = Davis
7. Mother's Birthplace, Balto County
8. Full Name of Father, Lewis Northman
9. Father's Occupation Engineer.
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Miss E. Weiss

Address, 2122 Canton Ave

Remarks,

E 95 U 00 1000

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63158

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 5 1878
4. *Place of Birth, (Street and Number)* 1877 N. Caroline St
5. *Full Name of Mother,* Jane Annie Garland
6. *Mother's Maiden Name,* Jane Annie Comfort
7. *Mother's Birthplace,* Gettysburg, Pennsylvania
8. *Full Name of Father,* David Garland
9. *Father's Occupation* Minister
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other person who makes this Return J F Marbert

Address, 1701 N Caroline Md

Remarks, (No Name 5 Days) 0 0 1

Wm. J. C. Dulany Co., City Printers and Stationers

OVW

RETURN OF A BIRTH 63159

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: George Andrew Will II

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 A

1. Sex, (State whether male ~~or female~~)
2. Race or color, ~~(if not of the~~ white race)
3. Date of Birth, Feb 15
4. Place of Birth, (Street and Number) 802 N Chester St.
5. Full Name of Mother, Kate Will
6. Mother's Maiden Name, Haberkamp
7. Mother's Birthplace, Balto
8. Full Name of Father, Geo Will
9. Father's Occupation, Machine Hand.
10. Father's Birthplace, Machine Hand.

Name of Medical Attendant, or other person who makes this Return. Schultz MD

Address, 1501 N. Bond St.

Remarks, (Mrs Harris-Nurse)

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63161

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy A.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6 February
4. Place of Birth, (Street and Number) 0. Dallas Str. 837
5. Full Name of Mother, Mari Mlachovic
6. Mother's Maiden Name, Mormol
7. Mother's Birthplace, Utopia
8. Full Name of Father, Martin Mlachovic
9. Father's Occupation Workman
10. Father's Birthplace, Utopia

Name of Medical Attendant, or other person who makes this Return, Dr. Ford

Address,

Remarks, O. Bond Str. 838

8950001003

Wm. J. C. Dulany Co., City Printers and Stationers

The full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63162 A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	6 of February 1895
4. *Place of Birth, (Street and Number)*	114 Washington st
5. *Full Name of Mother,*	Annie Eisert
6. *Mother's Maiden Name,*	Annie Wirth
7. *Mother's Birthplace,*	Germanye
8. *Full Name of Father,*	Heinrich Eisert
9. *Father's Occupation*	Baker
10. *Father's Birthplace,*	Germanie
Name of Medical Attendant, or other person who makes this Return.	Luise Latura
Address,	100 Durham st
Remarks,	

8 4 5 0 0 0 1 0 0 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63163

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7 February 1921
4. Place of Birth, (Street and Number) St. Dallas str. 821
5. Full Name of Mother, Ema Walle
6. Mother's Maiden Name, Wach
7. Mother's Birthplace, Md. Baltimor
8. Full Name of Father, John Walle
9. Father's Occupation Workman
10. Father's Birthplace, Baltimor

Name of Medical Attendant, or other person who makes this Return, M. Dell

Address, Bond str. 828

Remarks,

8950001005

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 10 1893
4. *Place of Birth, (Street and Number)* 22 E Eden St
5. *Full Name of Mother,* Sarah Henderson
6. *Mother's Maiden Name,* Sara Talbert
7. *Mother's Birthplace,* Prussia
8. *Full Name of Father,* Emanuel Henderson
9. *Father's Occupation* Clothes maker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. A. Pittman

Address, 1013 E Lombard St.

Remarks,

8950001006

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63165

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 the

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 1 of February

4. *Place of Birth, (Street and Number)* cor Eastern Av and Luzerne Ste

5. *Full Name of Mother,* Kathinka Meier

6. *Mother's Maiden Name,* = Schütte

7. *Mother's Birthplace,* Pepenburg (Germ)

8. *Full Name of Father,* Lambert Meier

9. *Father's Occupation* Engineer

10. *Father's Birthplace,* Papenburg

Name of Medical Attendant, or other person who makes this Return, Mrs E. Meier

Address, 2122 Canton Ave.

Remarks,

8 4 5 0 0 0 1 0 0 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63166

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2nd February
4. *Place of Birth, (Street and Number)* 944 Lakeside St
5. *Full Name of Mother,* Emma Wirth
6. *Mother's Maiden Name,* = Mensky
7. *Mother's Birthplace,* W. Persian
8. *Full Name of Father,* Conrad Wirth
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* W. Persian

Name of Medical Attendant, or other person who makes this Return, Mrs E. Weiss

Address, 2122 Canton Avenue.

Remarks,

8950001008

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

A

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8 February
4. Place of Birth, (Street and Number) Shakspear Str. 925
5. Full Name of Mother, Rozi Sborovsky
6. Mother's Maiden Name, Gnivel
7. Mother's Birthplace, Pole
8. Full Name of Father, Henry Sborovsky
9. Father's Occupation Sejber
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, Mc. Dell

S Bond str. 838

6 7 5 0 0 0 1 0 0 9

Wm. J. C. Dulany Co., City Printers and Stationers

...the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63168

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White A
3. Date of Birth, Re 8 February
4. Place of Birth, (Street and Number) Register St. 925
5. Full Name of Mother, Anna Kaul
6. Mother's Maiden Name, Hemsing
7. Mother's Birthplace, Holand
8. Full Name of Father, Otto Kaul
9. Father's Occupation Fajrman
10. Father's Birthplace, germane

Name of Medical Attendant, or other person who makes this Return, M. Prell

Address,

Remarks, J. Bond Jr. 838

8 9 5 0 8 3 1 0 1 0

Wm. J. C. Dulany Co., City Printers and Stationers

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health; and the attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. 63169

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* [illegible]

4. *Place of Birth, (Street and Number)* # 1230 E. Eager St.

5. *Full Name of Mother,* [illegible]

6. *Mother's Maiden Name,* [illegible]

7. *Mother's Birthplace,* [illegible]

8. *Full Name of Father,* [illegible]

9. *Father's Occupation* [illegible]

10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, # 1057 E. Eager St.

Remarks, [illegible]

[illegible]

1 8 9 5 0 0 0 1 0 1 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63170

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd

1. Sex, (state whether male or female) 4

2. Race or Color, (if not of the white race)

3. Date of Birth, July 9. 95

4. Place of Birth, (Street and Number) 2020 Payson St

5. Full Name of Mother, Kate Wiseman

6. Mother's Maiden Name, " Lenhardt

7. Mother's Birthplace, Balto:

8. Full Name of Father, Louis Wiseman

9. Father's Occupation Carpenter

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, J. M. Hundley

Address, 1012 Ed Ave

Remarks, 8 9 5 0 0 0 1 0 1 2

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63171

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Twelfth child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 9th
4. *Place of Birth, (Street and Number)*	Balto City, #3933 Hudson St
5. *Full Name of Mother,*	Frances Eleanor
6. *Mother's Maiden Name,*	Frances Green
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Richard Clinton
9. *Father's Occupation*	Sail Maker
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return,	W. Mead Burkard
Address,	1011 Baublin St
Remarks,	Balto City

6 9 5 0 0 0 1 0 1 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63172

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 9th 95.
4. *Place of Birth, (Street and Number)*	420 Myrtle Ave
5. *Full Name of Mother,*	Anna Mary Snyder
6. *Mother's Maiden Name,*	Anna Mary Hilmer
7. *Mother's Birthplace,*	Balto. City.
8. *Full Name of Father,*	Andrew Snyder.
9. *Father's Occupation*	Cigar-maker.
10. *Father's Birthplace,*	Balto. City
Name of Medical Attendant, or other person who makes this Return.	J. T. McCarthy M.D
Address,	647 George St. Balto. City.
Remarks,	Full name of child: Fredrick Franklin Hall Snyder

0 7 5 0 0 8 1 0 1 4

Wm. J. C. Dulany Co., City Printers and Stationers.

same cause shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 63173

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* July 9 1895
4. *Place of Birth, (Street and Number)* 1817 N. Bond St
5. *Full Name of Mother,* Bessie B Webb
6. *Mother's Maiden Name,* " " Smallwood
7. *Mother's Birthplace,* Charlestown W Va
8. *Full Name of Father,* Edward Webb
9. *Father's Occupation,* Sign Painter
10. *Father's Birthplace,* Ky

Name of Medical Attendant, or other person who makes this Return. R. G. Davis M.D

Address, 1507 N Caroline St

Remarks,

8 9 5 0 0 0 1 0 1 5

Wm. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...ness, and therein as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female 4.
2. Race or Color, (if not of the white race) White
3. Date of Birth February 9th 1895
4. Place of Birth, (Street and Number) 32 Maiden Choice Lane
5. Full Name of Mother, Mary Regan
6. Mother's Maiden Name, Mary Stubbs
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Regan
9. Father's Occupation, Hair worker
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Wicks

Address,

Remarks,

8 7 5 0 0 0 1 0 1 5

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 63175

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* X
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 10, 95
4. *Place of Birth, (Street and Number)* 1009 Cathedral St
5. *Full Name of Mother,* Annie C Martin
6. *Mother's Maiden Name,* " " Lay
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* Augustus W Martin
9. *Father's Occupation* (Wholesale) Stores
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, J. M. Hundley

Address, 1009 Edmondson Ave

Remarks,

8950001017

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) This is the (3) Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, the 10 of February 1895
4. Place of Birth, (Street and Number) No 37 W. Fayette St
5. Full Name of Mother, Bell Zobel
6. Mother's Maiden Name, Bell Prince
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Zobel
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, Maggie A Wilkson

8 7 5 0 0 0 1 0 1 8

No. 14 W. Fayette St

Wm J. C. Dulany Co., City Printers and Stationers.

The Commissioner of Health, in the manner and within the period above required, and shall become the duty of the person or parents of such shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

6317

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. The last 2 are twins

1. Sex (state whether male or female) Male.
2. Race or Color (if not of the white race) White
3. Date of Birth 10th Feb. 1895.
4. Place of Birth (Street and Number) 231 Knox Alley.
5. Full Name of Mother Maggie A. Voller — Maggie A. Shaffer.
6. Mother's Maiden Name Baltimore. — Frederick J. Voller.
7. Mother's Birthplace
8. Full Name of Father Sign. Painter. — Baltimore
9. Father's Occupation
10. Father's Birthplace N. W. Cor. Hall, Mott.

Name of Medical Attendant, or other Person who makes this Return.

Address S. W. Corner Fayette & Fremont St

Remarks There was a Midwife there, but could not manage the Case, so I was called in to help her out. I thought she had reported the Case. This morning I found she had not. This accounts for the delay 3 0 6 1 0 1 9

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 2-3-60

RETURN OF A BIRTH. 63178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Louis Stein

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 10 /95
4. *Place of Birth, (Street and Number)* 504 L. Charles Street Balto Md.
5. *Full Name of Mother,* Golda Stein
6. *Mother's Maiden Name,* Golda Rosenfeld
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Max Stein
9. *Father's Occupation* Pants Shop
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return Mrs Lena Barber

Address, 41 E. York St. Balto Md.

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 5 0 0 0 1 0 2 0

RETURN OF A BIRTH. 63179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Clean

1. Sex, (state whether male or female) Male — A.
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 11 of February
4. Place of Birth, (Street and Number) Bradford Street
5. Full Name of Mother, Laura Hughes
6. Mother's Maiden Name, Laura Jolley
7. Mother's Birthplace, Cambridge Dorchester Co
8. Full Name of Father, William Hughes
9. Father's Occupation Labor
10. Father's Birthplace, Cambridge Dorchester Co

Name of Medical Attendant, or other person who makes this Return, Sarah A Jones

Address, 527 Patterson Park Avenue

Remarks.

8950001021

Wm. J. C. Dulany Co., City Printers and Stationers

Each child born alive in Baltimore City, whether white or colored, whether born in wedlock or out of wedlock, and whether born in a public institution or elsewhere, shall be registered as to its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.) 1

1. *Sex, (~~state whether male or~~ female)* F

2. *Race or Color, (~~if not~~ of the white race)* A

3. *Date of Birth,* Feb 11th 1895

4. *Place of Birth, (Street and Number)* 1543 Division St

5. *Full Name of Mother,* Lana Estelle Marshall

6. *Mother's Maiden Name,* Hartzell

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Wm Emmart Marshall

9. *Father's Occupation* Clerk

10. *Father's Birthplace,* Ruthsburg Queen Anns Co Md

Name of Medical Attendant, or other person who makes this Return, Elias G Price M D.

Address, 953 Madison Ave

Remarks,

8 4 5 0 0 0 1 0 2 2

Wm. J. C. Dulany Co., City Printers and Stationers

...ation as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63181

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Col

3. Date of Birth, Feb 11th 1895

4. Place of Birth, (Street and Number) 504 N. Gilmor St

5. Full Name of Mother, Fanny Tuff

6. Mother's Maiden Name, Taylor

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Joseph Tuff

9. Father's Occupation Laborer

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Margrth Sprigg

Address, 127 Winter St Balto Md

Remarks,

8 7 5 0 0 0 1 0 2 3

Wm. J. C. Dulany Co., City Printers and Stationers.

1 5

RETURN OF A BIRTH. 63182

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* February 11th 1895
4. *Place of Birth, (Street and Number)* No 16 Hollins St
5. *Full Name of Mother,* Louisa Schoenebeck
6. *Mother's Maiden Name,* Louisa Klammer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Schoenebeck
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 5 0 0 0 1 0 2 4

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co. City Printers and Stationers.

RETURN OF A BIRTH. 63183

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) male — Elmer Joseph Wills
2. Race or Color, (if not of the white race) white
3. Date of Birth, February 12th 1895
4. Place of Birth, (Street and Number) Maiden Choice Lane
5. Full Name of Mother, Mary Wills
6. Mother's Maiden Name, Mary Meyer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Wills
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, Full name added by father upon applying for a transcript.
Thomas J. Wills
Father

D E Wm. V. Birth Index Clerk
0 0 1 0 2 5 May 1 1931.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63184

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, # 2. 12. 95
4. Place of Birth, (Street and Number) Dugan Al. 1306
5. Full Name of Mother, Harriett Butler
6. Mother's Maiden Name, Harriett Evans
7. Mother's Birthplace, Balto city Md
8. Full Name of Father, Charles Butler
9. Father's Occupation, Waiter
10. Father's Birthplace, Balto city Md

Name of Medical Attendant, or other person who makes this Return, Mrs Anna Johnson

Address, Tyson at No. 704

Remarks,

3 ¥ 5 0 0 0 1 0 2 6

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63185

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)* White — A
3. *Date of Birth,* 12 February
4. *Place of Birth, (Street and Number)* Seekpear st. 603
5. *Full Name of Mother,* Kate Vidinovsky
6. *Mother's Maiden Name,* Benzalck
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Joseph Vidinovsky
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Ertl

Address, 1 Bond st 838

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8950001027

RETURN OF A BIRTH. 63186

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13 February
4. *Place of Birth, (Street and Number)* Block St 1428
5. *Full Name of Mother,* Mary Belet
6. *Mother's Maiden Name,* Grzesenka
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Martin Belet
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pretl

Address, S Bond St 838

Remarks,

0 9 5 0 0 0 1 0 2 8

Been collected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 63187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	13 of February 95
4. *Place of Birth, (Street and Number)*	1319 Jefferson st
5. *Full Name of Mother,*	Käti Zajic
6. *Mother's Maiden Name,*	Käti Marsalek
7. *Mother's Birthplace,*	Bohimen
8. *Full Name of Father,*	John Zajic
9. *Father's Occupation*	Shomaker
10. *Father's Birthplace,*	Bohimen
Name of Medical Attendant, or other person who makes this Return.	Luise Scalora
Address,	111 Durham st
Remarks,	

8950001029

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 5-6-58

RETURN OF A BIRTH. 63189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.) Grace Helen ~~Kersey~~ Kersey

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race) white
3. Date of Birth, ~~2416 Maryland Ave~~ Feby 3, 98
4. Place of Birth, (Street and Number) 2416 Maryland Ave
5. Full Name of Mother, Henrietta Moore Kersey
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Tennessee
8. Full Name of Father, Wm Kersey
9. Father's Occupation, Engineer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, John H Grimes M.D.

Address, 2100 Mt Ave

Remarks,

8 9 5 0 0 1 0 3 0

WM J C DULANY CO CITY PRINTERS AND STATIONERS

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 63191

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Wednesday Feb 13th 1895
4. *Place of Birth, (Street and Number)* 306 N. Pine St
5. *Full Name of Mother,* Margaret Esther Strange
6. *Mother's Maiden Name,* Margaret Esther Cornish
7. *Mother's Birthplace,* Hanover Co Virginia
8. *Full Name of Father,* William C. Strange
9. *Father's Occupation* Farmer
10. *Father's Birthplace,* Richmond Co Virginia

Name of Medical Attendant, or other person who makes this Return. Margaret Skipper

Address, 127 Druid St.

Remarks, Balto Maryland

8.25.00.031

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63191

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13 of Feb.
4. *Place of Birth, (Street and Number)* 2939 Gilles St.
5. *Full Name of Mother,* Mrs Louisa Schaaf
6. *Mother's Maiden Name,* Mrs Louisa Lader
7. *Mother's Birthplace,* Parkville Balto Co
8. *Full Name of Father,* John Schaaf Jr.
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs A Burkart

Address, 1011 Bouldin St

Remarks, Baltimore City

245001032

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14 of January 1895
4. *Place of Birth, (Street and Number)* 1612 Easton Ave
5. *Full Name of Mother,* Grace A Irwin
6. *Mother's Maiden Name,* Cunningham
7. *Mother's Birthplace,* Baltimore Co Md
8. *Full Name of Father,* Adam Irwin
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, M A Donovan

Address, 2024 E Pratt Cor Ada Ave

Remarks, Breech Presentation Eclampsia

8950001033

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63193

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W.
3. Date of Birth, Feby. 14/95
4. Place of Birth, (Street and Number) 220 Dugan's Wharf
5. Full Name of Mother, Mary E. Bibbins
6. Mother's Maiden Name, " " " Daniell
7. Mother's Birthplace, B. C.
8. Full Name of Father, Geo. F. Bibbins
9. Father's Occupation Laborer
10. Father's Birthplace, B.C.

Name of Medical Attendant, or other person who makes this Return, G. L. Peters

Address, Lic H. Bromage

Remarks.

8950001034

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the same can be ascertained the full name of each child, (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63194

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	14 Febraey
4. *Place of Birth, (Street and Number)*	116 Cookson st.
5. *Full Name of Mother,*	Anne Lamb
6. *Mother's Maiden Name,*	" Bregan
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	Thomas Lamb
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Ireland.
Name of Medical Attendant, or other person who makes this Return,	Ed. J. Wagner.
Address, 1331 Hull st. Locus Point.	
Remarks,	

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

9750061035

RETURN OF A BIRTH. 63195

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 14th '95
4. *Place of Birth, (Street and Number)* 230 S Ellen St
5. *Full Name of Mother,* Sarah Miller
6. *Mother's Maiden Name,* Sarah Moncauty
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Lups Miller
9. *Father's Occupation* Store Keeper.
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs A Feldman

Address, 1013 E Lombard St.

Remarks, The baby has sore eyes.

2250001035

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 15 - 1895
4. Place of Birth, (Street and Number) 223 Jefferson Place
5. Full Name of Mother, Lizzie V. Davis
6. Mother's Maiden Name, " Coughlan
7. Mother's Birthplace, Ireland
8. Full Name of Father, Thomas Davis
9. Father's Occupation, Restaurant
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. W. H. Gillman M.D.

Address, 5 E. Biddle St.

Remarks,

B 5000 1037

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of each child, (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 63197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 th.
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	February 17, 1895.
4. Place of Birth, (Street and Number)	2331 E. Eastern Ave.
5. Full Name of Mother,	Ida Virginia Lowden
6. Mother's Maiden Name,	Ida Virginia Stokes
7. Mother's Birthplace,	Baltimore Md.
8. Full Name of Father,	George Nateon Lowden
9. Father's Occupation,	Oyster Shipper
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Mrs. Mary M Taylor
Address,	616 S. Robeson St.
Remarks,	

8750001038

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63198

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Feb. 17 1895.
4. *Place of Birth, (Street and Number)* 1223 E. Lanvale St
5. *Full Name of Mother,* .....
6. *Mother's Maiden Name,* Sarah Lee
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Benjamin
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Jno. O. West

Address, 1804 Sterling St.

Remarks, ...

W. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63199

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb. 17th 1895
4. Place of Birth, (Street and Number) 702 Sterling St.
5. Full Name of Mother, Heather Sayles
6. Mother's Maiden Name, Baltimore Co. Md
7. Mother's Birthplace, Heather Sayles
8. Full Name of Father, Laborer
9. Father's Occupation
10. Father's Birthplace, Jane Frost

Name of Medical Attendant, or other person who makes this Return, 704 Sterling St.

Address,

Remarks, 1895000040

...to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...m. ; C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63200

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* February 16th 1895
4. *Place of Birth, (Street and Number)* 1402 Thirds Alley
5. *Full Name of Mother,* Emma Thomas
6. *Mother's Maiden Name,* Emma Blasco.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Thomas
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Thomas Bargill

Address, 430 W. Biddle Street

Remarks,

WM J C DULANY CO CITY PRINTERS AND STATIONERS

0 9 5 0 0 0 1 0 4 1

RETURN OF A BIRTH. 63201

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 18, 1895
4. *Place of Birth, (Street and Number)* 930 Harris Al
5. *Full Name of Mother,* Mary C Hagerty
6. *Mother's Maiden Name,* Cadden
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Van P Hagerty
9. *Father's Occupation* Sales
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Sarah P Harrington

Address, 924 Binney St.

Remarks,

1895 0003 0042

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63202

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 18 1896
4. Place of Birth, (Street and Number) 1908- ½ N Royal Terrace
5. Full Name of Mother, Bridget Burk Talbot
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Ireland -
8. Full Name of Father, Thomas Talbot
9. Father's Occupation, City Employ -
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Edwin H. Grimes M.D.

Address, 2100- N'd Ave

Remarks,

8950001043

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 2-1-60

RETURN OF A BIRTH. 63203

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Walter Conway

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 18th 1895
4. Place of Birth, (Street and Number) 887 W. Fayette St
5. Full Name of Mother, Amanda Conway
6. Mother's Maiden Name, Amada Irvie
7. Mother's Birthplace, Rock Hall, Kent County
8. Full Name of Father, Jesse Conway
9. Father's Occupation Machinist
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs Hunter

Address, 23 N. Poppleton St

Remarks,

8950001044

Section 6 of the law of 1898 requires that every person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* February 19
4. *Place of Birth, (Street and Number)* Lavinia st 15
5. *Full Name of Mother,* ~~Emma~~ Lottie
6. *Mother's Maiden Name,* Emma Lottie not married
7. *Mother's Birthplace,* Keene and County, Md
8. *Full Name of Father,* James Martin
9. *Father's Occupation* Laber
10. *Father's Birthplace,* Carroll Co. Md

Name of Medical Attendant, or other person who makes this Return, Celline Patterson

Address, 919 Lovee st

Remarks, I during Well Cond. of ~~st~~ st

6 7 5 0 0 0 1 0 4 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63205

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twins 5th birth, 6th Children

1. Sex, (state whether male or female) 2 Females
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 19 1895
4. Place of Birth, (Street and Number) Baltimore & Hanover
5. Full Name of Mother, Sarah V Blakeley
6. Mother's Maiden Name, Smith
7. Mother's Birthplace, U.S.
8. Full Name of Father, William V Blakeley
9. Father's Occupation Tailor
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Gregory Stillwell M.D.

Address, 137 Sarah Ave

Remarks,

6950001046

Chief to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers

COLORED BIRTH LEDGER 3-23-53

RETURN OF A BIRTH. 63206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Ella Stembler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Forth Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White race
3. Date of Birth, 11th day of Feb. 1895
4. Place of Birth, (Street and Number) Baltimore, 1334 Columbia
5. Full Name of Mother, Emma C. Stembler.
6. Mother's Maiden Name, Emma C. Fager
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles A. Stembler
9. Father's Occupation Engineer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Caroline Dunn

Address, Emma C. Stembler 1334 Columbia

Remarks, Caroline Dunn 1061 Raborg St

8950001047

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED ~~RETURN~~ OF A BIRTH. 6/15/11 63307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: FERDINAND HENRY SCHILLING

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 18 Feb. 1895
4. Place of Birth, (Street and Number) 1216 Jackson St
5. Full Name of Mother, Nettie Schilling
6. Mother's Maiden Name, Chaney
7. Mother's Birthplace, Balto
8. Full Name of Father, Henry Schilling
9. Father's Occupation Barber
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mab R Ullrich

Address, 1802 E Lexington St

Remarks,

1895 U 0 0 1 8 4 8

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

n, J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63208

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th?
1. *Sex, (state whether male or female).*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 19/95
4. *Place of Birth, (Street and Number)*	1033 S. Plaza St
5. *Full Name of Mother,*	Kate L. Haris
6. *Mother's Maiden Name,*	Kate L. Flournoy
7. *Mother's Birthplace,*	St. Louis Mo
8. *Full Name of Father,*	Thomas Jefferson Haris
9. *Father's Occupation*	Glass Blower
10. *Father's Birthplace,*	Balto Md.
Name of Medical Attendant, or other person who makes this Return,	E. Muhleman M.D.
Address,	411 S. Sharp St
Remarks,	

1895000104

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63219

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 19 Feb 1900
4. *Place of Birth, (Street and Number)* 1439 Cockeysville
5. *Full Name of Mother,* Henriette Siegel
6. *Mother's Maiden Name,* " Engler
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Hartman Siegel
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Early Mc Guire.

Address, 1331 Hull st. Locus Point

Remarks.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

n. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63210

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb. 17. 1900
4. Place of Birth, (Street and Number) 309 Hargrove al
5. Full Name of Mother, Annie Robertson
6. Mother's Maiden Name, Wallace
7. Mother's Birthplace, Mount Jackson Va
8. Full Name of Father, Charles Robertson
9. Father's Occupation. upholster
10. Father's Birthplace, Botetourt Virginia

Name of Medical Attendant, or other person who makes this Return. Mrs. L. Gantt Jones

Address, 309 Hargrove al

Remarks,

5750001051

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 63211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored race
3. Date of Birth, Feb 19th 1894
4. Place of Birth, (Street and Number) 514 Hollo St Baltimore Md
5. Full Name of Mother, Mary Christian
6. Mother's Maiden Name, Unknown
7. Mother's Birthplace, York County Pa.
8. Full Name of Father, Robert Fee
9. Father's Occupation Oyster Packer
10. Father's Birthplace, York County Pa

Name of Medical Attendant, or other person who makes this Return, Georgiana Burke

Address, 1757 Mulliken St

Remarks, Inflamed eye

8750001052

To the person or persons to whom this Return is given by the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63212

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb 20 1896
4. Place of Birth, (Street and Number) 15 Vincent Alley
5. Full Name of Mother, Annie Starks
6. Mother's Maiden Name, Annie Brown
7. Mother's Birthplace, Virginia
8. Full Name of Father, Samuel Starks
9. Father's Occupation, Laborer
10. Father's Birthplace, Anne Arundle Co.

Name of Medical Attendant, or other person who makes this Return, Louisa Gary Dr.

Address, 644 Fayette St.

Remarks, 0 Y 5 0 0 0 1 0 5 3

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63213

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the ~~white~~ race) white
3. Date of Birth, February 20 1895
4. Place of Birth, (Street and Number) 1644 N. Caroline St
5. Full Name of Mother, Amelia Kraemer
6. Mother's Maiden Name, Amelia Bernasco
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Henry Kraemer
9. Father's Occupation Salesman
10. Father's Birthplace, Harford Co Md

Name of Medical Attendant, or other person who makes this Return J F Manhanet M D

Address, 1701 N. Caroline St.

Remarks (Mrs Little Nurse)

8 4 5 0 0 0 1 0 5

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 8-22-56

RETURN OF A BIRTH. 63214

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William George Knidel 7 6 Child

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 20/95
4. Place of Birth, (Street and Number) 45 E. York St Balto Md.
5. Full Name of Mother, Lannie Knidel
6. Mother's Maiden Name, Fannie Caplan
7. Mother's Birthplace, Russia
8. Full Name of Father, Israel Knidle
9. Father's Occupation Customer Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Mrs Lena Barker

Address, 41 E. York St. Balto.

Remarks,

8 7 5 0 0 0 1 0 5 5

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63215

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 20/95
4. Place of Birth, (Street and Number) B. M. Maternity 29 N. Bond St
5. Full Name of Mother, Blanche Howell
6. Mother's Maiden Name, "
7. Mother's Birthplace, Jackson Co W. Va
8. Full Name of Father, Jack O Hohnly
9. Father's Occupation, Engineer
10. Father's Birthplace, New York State

Name of Medical Attendant, or other person who makes this Return. J. H. Ohlendorf Jr. M. D.

Address, 518 N. Bond St

Remarks, Twins - one was still Birth - both male.

8 7 5 0 0 0 1 0 5 6

ATTENDANCE upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 63216

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) femal
2. Race or Color, (if not of the white race) Colard
3. Date of Birth, febuary th 29 1895
4. Place of Birth, (Street and Number) west Flurey st 124
5. Full Name of Mother, edith Berely
6. Mother's Maiden Name, edith Davis
7. Mother's Birthplace, King William virginia
8. Full Name of Father, William davis
9. Father's Occupation labour
10. Father's Birthplace, daniel virginia

Name of Medical Attendant, or other person who makes this Return, sarrah Jane Wilson

Address, 124 west Flurey st

Remarks, full 9 months

8 9 5 0 0 8 1 0 5 7

...to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...m. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 63217

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~) 2d

1. Sex, (~~state whether~~ male ~~or female~~) Wilbur E. Asz 7/17/20
2. Race or Color, (~~if not~~ of the white race)
3. Date of Birth, Feb 20th 1895
4. Place of Birth, (Street and Number) 1508 Holbrook St
5. Full Name of Mother, Susan Lovina Bauer
6. Mother's Maiden Name, Rath
7. Mother's Birthplace, Mayaville Perry Co Pa
8. Full Name of Father, David Franklin Bauer
9. Father's Occupation Baggage Master N C RR
10. Father's Birthplace, Snyder Co Pa

Name of Medical Attendant, or other person who makes this Return, Eclid C Price M D

Address, 653 Madison Ave

Remarks,

18950001058

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 63218

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2o

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21 of Feb
4. *Place of Birth, (Street and Number)* Baltimore Fredrick 1702
5. *Full Name of Mother,* Fannie Malda Jones
6. *Mother's Maiden Name,* Fannie Mulda
7. *Mother's Birthplace,* Easton Talbot Co Md
8. *Full Name of Father,* Charles Dillard Jones
9. *Father's Occupation* Caulker.
10. *Father's Birthplace,* Kent Co Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Gall

Address, 2112 Pine st

Remarks, This is to Certify that the last Name

8 9 5 0 0 0 1 0 5 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Attention upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN BIRTH ORDER 10-20-54

RETURN OF A BIRTH. 63219

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

James Edward Conneys

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 [illegible]

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, February 21 1895
4. Place of Birth, (Street and Number) city 1437 Parish St
5. Full Name of Mother, Ella Conneys
6. Mother's Maiden Name, Ella Shadlow
7. Mother's Birthplace, Easterburn and
8. Full Name of Father, James Conneys
9. Father's Occupation Labor
10. Father's Birthplace, Easton Shore and

Name of Medical Attendant, or other person who makes this Return, Jane Warren

Address, 1324 Brown St

Remarks,

1 8 9 5 0 0 0 1 0 6 0

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) -5-

1. Sex, (~~state whether male or~~ female) female
2. Race or Color, (~~if not of the white race~~) colored —
3. Date of Birth, 11 1/4 Febr 21 1895
4. Place of Birth, (Street and Number) 907 N.C. Donough St —
5. Full Name of Mother, Mary E. Cowens
6. Mother's Maiden Name, — — dont no
7. Mother's Birthplace, Virginia
8. Full Name of Father, Wm H Cowens —
9. Father's Occupation, waiter and Hugster
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return Josephine Cooper

Address, 913 Shuter St

Remarks, the mother and child is well Baltimore Md

18950001061

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 63221

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 21st 95.
4. Place of Birth, (Street and Number) 2d Northwest cor. Walbrook
5. Full Name of Mother, Georgia Benjamin
6. Mother's Maiden Name, Georgia Cooper
7. Mother's Birthplace, Kentucky
8. Full Name of Father, Jos C.H. Benjamin
9. Father's Occupation Merchant
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Henry C. Hill, MD.

Address, 1032 West Baltimore

Remarks,

8 4 5 0 0 0 1 0 6 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Upon the Mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63222

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 21/95
4. *Place of Birth, (Street and Number)* 1618 E. Fayette
5. *Full Name of Mother,* Birth V. Pearce
6. *Mother's Maiden Name,* " " Barry
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Chas. S. Pearce
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return. J. C. Ohlendorf Jr. M.D.

Address, 618 N. Bond St.

Remarks,

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

8950001063

Over

RETURN OF A BIRTH. 13223

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Name Elwood George Law

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 21/95
4. Place of Birth, (Street and Number) 524 S. Bond St
5. Full Name of Mother, Lena W. N. Law
6. Mother's Maiden Name, Lena W. N. Traupe
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Chas. L. Law
9. Father's Occupation Sadler
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return H. Bascuell Jr. M.D.

Address, 704 S. Broadway

Remarks, Born

64500010644

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63224

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 21/93 -
4. *Place of Birth, (Street and Number)*	1227 Riverside Ave
5. *Full Name of Mother,*	Victoria Ellen McCulley
6. *Mother's Maiden Name,*	Victoria Ellen Knight
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	George Warner McCulley
9. *Father's Occupation*	Baker Maker
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return.	E. Jenkinson M.D.
Address,	411 S. Hayes St.
Remarks,	

8950001065

Duty to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63225

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, febuary th 21 1895
4. Place of Birth, (Street and Number) Cross st 522
5. Full Name of Mother, Mary smith
6. Mother's Maiden Name, Mary Pain
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Pain
9. Father's Occupation Labur
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, sarah Jane Wilson

Address, 124 west Henry st

Remarks, full 9 months

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

8950001066

RETURN OF A BIRTH. 63226

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* Feb. 21st. 1895
4. *Place of Birth (Street and Number)* 828 Pabong
5. *Full Name of Mother* Bettie Neal
6. *Mother's Maiden Name* Bettie Young
7. *Mother's Birthplace* Culpeper Va.
8. *Full Name of Father* Robert Neal
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Culpeper Va.

Name of Medical Attendant, or other Person who makes this Return. Hobart Holtz, M.D.

Address 1521 McCulloh St.

Remarks

name of the mother of such child or children.

8 9 5 0 0 0 1 0 6 7

RETURN OF A BIRTH. 63227

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colerd
3. Date of Birth, febuary 4ty 21
4. Place of Birth, (Street and Number) Mangomery st 118
5. Full Name of Mother, Mandy Handy
6. Mother's Maiden Name, Mandy Warden
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Charles warden
9. Father's Occupation labour
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Conrad Jane Wilson

Address, 124 west Henry st

Remarks,

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

8950001068

RETURN OF A BIRTH. 63228

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 children

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 21st February 1895
4. *Place of Birth, (Street and Number)* 228 Lebanon Street
5. *Full Name of Mother,* Not Married
6. *Mother's Maiden Name,* Hester Boone
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Lowell
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Caroline Patterson

Address, 419 Lewis St.

Remarks, Living well

8950001069

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63229

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth February 21st 95
4. Place of Birth (Street and Number) 679 Lemmon St.
5. Full Name of Mother Annie Mueller McGrain
6. Mother's Maiden Name " "
7. Mother's Birthplace Ireland
8. Full Name of Father John McGrain
9. Father's Occupation Policeman
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. J. D. Lightner

Address 614 Lemmon

Remarks

8 9 5 0 0 0 1 0 7 0

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 63230

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 21st 1895
4. *Place of Birth, (Street and Number)*	At 1577 Barney St
5. *Full Name of Mother,*	Mary Muckay
6. *Mother's Maiden Name,*	Mary Kaylorka
7. *Mother's Birthplace,*	Austria
8. *Full Name of Father,*	Barnaby Muckay
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	Catherine Hannon
Address,	At 1517 Byrd St
Remarks,	

8 9 5 0 0 0 1 0 7 1

Wm. J. C. Dulany Co., City Printers and Stationers

Attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21st February
4. Place of Birth, (Street and Number) 515 East ave.
5. Full Name of Mother, Loisa Schleibaum
6. Mother's Maiden Name, Loisa Kalao
7. Mother's Birthplace, Germany
8. Full Name of Father, August Schleibaum
9. Father's Occupation, Coopner
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Mary M Taylor

Address, # 615 S. Patterson Pk. Ave.

Remarks,

8 9 5 0 0 0 1 0 7 2

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63222

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 22 Feb
4. *Place of Birth, (Street and Number)* 1637 N Spring St
5. *Full Name of Mother,* Caroline Seebald
6. *Mother's Maiden Name,* " Mauer
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Seebach
9. *Father's Occupation* Cutter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Max R Ulbig

Address, 1302 E Lexington St

Remarks,

1895 0001073

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63233

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Female Nellie Inga Vivian Walters
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feby 23d
4. *Place of Birth, (Street and Number)*	307 S. Calhoun St
5. *Full Name of Mother,*	Mary E. Walters
6. *Mother's Maiden Name,*	Mary E. Richardson
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Joseph Walters
9. *Father's Occupation*	Machinist
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs. Lonzo
Address,	409 S. Appleton St
Remarks,	Full name added by mother upon applying for

Transcript. Mary E. Walters 6 5 0 0 0 1 0 7 4 Reg.
Mother

November 21-1934.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 23rd 95.
4. Place of Birth, (Street and Number) 311 S. Streeper St.
5. Full Name of Mother, Lily May Crowther
6. Mother's Maiden Name, Lily May Bayer
7. Mother's Birthplace, Sykesville Md.
8. Full Name of Father, Theodore L. Crowther
9. Father's Occupation Paperhanger
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Henry C. Price. M.D.

Address, 1706 E. 15. Hayerth St.

Remarks,

8 9 5 0 0 0 1 0 7 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63235

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 A

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 23d Feby 1895
4. *Place of Birth, (Street and Number)* 423 N Central Ave
5. *Full Name of Mother,* Ina Peak
6. *Mother's Maiden Name,* Dora Knight
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* L. Peak
9. *Father's Occupation* Book Keeper
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Ina R. Silbig

Address, 1302 E Lexington St

Remarks,

1 8 9 5 0 0 0 1 0 7 6

Wm. J. C. Dulany Co., City Printers and Stationers.

The duty of the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63236

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male A.
2. Race or Color, (if not of the white race)
3. Date of Birth, 23 of Feby 1895
4. Place of Birth, (Street and Number) 343 Forest St
5. Full Name of Mother, Mary Huber
6. Mother's Maiden Name, Schmidt
7. Mother's Birthplace, Germany
8. Full Name of Father, John Huber
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Mrs Rose Illig

Address, 1302 E Lexington St

Remarks,

8 9 5 0 0 0 1 0 7 7

Wm. J. C. Dulany Co., City Printers and Stationers.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63237

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [illegible] A

1. *Sex, (state whether male or female)* [illegible]
2. *Race or Color, (if not of the white race)* [illegible]
3. *Date of Birth,* [illegible]
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* [illegible]
9. *Father's Occupation* [illegible]
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks, [illegible]

8950001078

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 23 1855
4. Place of Birth, (Street and Number) 312 Jefferson St Homestead
5. Full Name of Mother, Mary Tarlton
6. Mother's Maiden Name, Goodman
7. Mother's Birthplace, Md
8. Full Name of Father, William Tarlton
9. Father's Occupation Car maker
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return Hyppony Westbrook M D

Address, 237 Carswell Ave

Remarks,

8450001079

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 63239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female A.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 26 - 1895
4. Place of Birth, (Street and Number) No 824 W Fayette st Balto City
5. Full Name of Mother, Annie Cornelia Fallon
6. Mother's Maiden Name, Annie Cornelia King
7. Mother's Birthplace, 1017 W Lexington st Balto City
8. Full Name of Father, Daniel Joseph Fallon
9. Father's Occupation Carpenter
10. Father's Birthplace, Caroltton Balto County Md

Name of Medical Attendant, or other person who makes this Return, Mrs Hunter Midwife

Address, 23 N Bond st

Remarks,

1895 0001080

Wm. J. C. Dulany Co., City Printers and Stationers.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 24/95
4. *Place of Birth, (Street and Number)*	200 W. Lee St
5. *Full Name of Mother,*	Mary Alice Bowers
6. *Mother's Maiden Name,*	Mary Alice Fagen
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Frank Dorsey Bowers
9. *Father's Occupation*	Salesman
10. *Father's Birthplace,*	Richmond Va
Name of Medical Attendant, or other person who makes this Return,	E. Michaux M.D.
Address,	411 N. Charles St
Remarks,	

Attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8950001081

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63241

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) F. d.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Febr. F. 24. (11 o'clock P. M.)
4. *Place of Birth, (Street and Number)* 118 Hanover Court S. Balto.
5. *Full Name of Mother,* Fannie M. Cann
6. *Mother's Maiden Name,* Chesly
7. *Mother's Birthplace,* Richmond Virg.
8. *Full Name of Father,* George Edward Cann.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* New York - City.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kaune, for the

Address, Mothers Relief Society, 961 Milton Place

Remarks,

+ 8 9 5 0 0 0 1 0 8 2

Attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. 63242

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Herbert Lester Scribner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sunday - February 24th 95. 4 P.M.
4. Place of Birth, (Street and Number) 547. Kirby Lane
5. Full Name of Mother, Emma R. Scribner
6. Mother's Maiden Name, Emma R. Shipley
7. Mother's Birthplace, Carroll Co. Md
8. Full Name of Father, Herbert O. Scribner
9. Father's Occupation Mt Tormard
10. Father's Birthplace, Carroll Co Md

Name of Medical Attendant, or other person who makes this Return, Eastland Md

Address, 116 W Mulberry St

Remarks, CHILD'S NAME ADDED, 5-12-54

1895000K083

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63243

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 24 1895
4. Place of Birth, (Street and Number) 2452 York Road
5. Full Name of Mother, Lena Bailey
6. Mother's Maiden Name, Haskell
7. Mother's Birthplace, Md
8. Full Name of Father, Charles E Bailey
9. Father's Occupation Conductor
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, J. Young Hallwood

Address, 224 Gorsuch Ave

Remarks,

8950001084

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 63244

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Feb 24th 1895

4. *Place of Birth, (Street and Number)* 1213 Watson st

5. *Full Name of Mother,* Amelia A Ruby

6. *Mother's Maiden Name,* " " Abt

7. *Mother's Birthplace,* Carroll Co Md

8. *Full Name of Father,* Frank Ruby

9. *Father's Occupation* Railroader

10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Dr E L Brooks

Address, 808 Gay st

Remarks, Home Well

1895000 1085

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63245

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 [illegible]

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 21 Feb, 1905

4. *Place of Birth, (Street and Number)* 119 E Randall pt

5. *Full Name of Mother,* Ada May Williams

6. *Mother's Maiden Name,* " " Yates

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Jacob Henry Williams

9. *Father's Occupation* Clerk

10. *Father's Birthplace,* Howard Co

Name of Medical Attendant, or other person who makes this Return, Mrs A E Snyder

Address, 808 Light st

Remarks, Corrected

Wm. J. C. Dulany Co., City Printers and Stationers.

1 8 9 5 0 0 0 1 0 8 6

Attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63246

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, Feb. 24 1895.
4. Place of Birth, (Street and Number) 119 N. Chapte.
5. Full Name of Mother, Emma Robinson
6. Mother's Maiden Name, Emma Robinson
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, William F. Victor
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Gertrude Ann Hall

Address, 113 North Chapte

Remarks,

875000+087

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63247

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 24th July 1895

4. Place of Birth, (Street and Number) 327 Hanover St

5. Full Name of Mother, Rosa Kramer Nahm

6. Mother's Maiden Name, Snider

7. Mother's Birthplace, Baltic

8. Full Name of Father, Ed Kramer Nahm

9. Father's Occupation, Upholster

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Jno Rud Tilly

Address, 1312 E Lexington St

Remarks,

0950001088

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63248

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child

1. *Sex, (state whether male or female)* Female A

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Oct 24 1895

4. *Place of Birth, (Street and Number)* 532 Light St

5. *Full Name of Mother,* Margaret E Pitzer

6. *Mother's Maiden Name,* [illegible] Israel

7. *Mother's Birthplace,* Glyndon Baltimore

8. *Full Name of Father,* John William L Pitzer

9. *Father's Occupation* Engineer

10. *Father's Birthplace,* Westminster

Name of Medical Attendant, or other person who makes this Return, Wm C McBride

Address, 608 Light St

Remarks, Born Well

1895000 1089

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63249

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st. Confinement. Twins
1. *Sex, (state whether male or female)*	Two Boys.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	Sunday Feb. 24th. 1895.
4. *Place of Birth, (Street and Number)*	1444 Aisquith St.
5. *Full Name of Mother,*	Agnes Geise.
6. *Mother's Maiden Name,*	Agnes Henze
7. *Mother's Birthplace,*	Pennsylvania
8. *Full Name of Father,*	Le Adams Geise
9. *Father's Occupation*	Telegraph Operator.
10. *Father's Birthplace,*	Pennsylvania.
Name of Medical Attendant, or other person who makes this Return,	Wilmer Brinton, M.D.
Address,	S. W. cor. Calvert & Preston Sts.
Remarks,	

8750001090

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 63250

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 25/95
4. *Place of Birth, (Street and Number)* 9 W. Lee st
5. *Full Name of Mother,* Ella S. Johnson
6. *Mother's Maiden Name,* Ella S. Sutton
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Philip Mason Johnson
9. *Father's Occupation* Street Car conductor
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, E. Mulvaney M.D.

Address, 411 S. Sharp St.

Remarks,

0950001091

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 A

1. *Sex, (state whether male or ~~female~~)* Male
2. *Race or Color, (~~if not of the white race~~)* Colored
3. *Date of Birth,* 25 Feb 1895 at 5 minutes of 3 a.m.
4. *Place of Birth, (Street and Number)* 820 N. Donough St.
5. *Full Name of Mother,* Sarah Pinkney
6. *Mother's Maiden Name,* Dont Know
7. *Mother's Birthplace,* Wicomac County U.S.A.
8. *Full Name of Father,* Joseph Pinkney
9. *Father's Occupation,* Janitor
10. *Father's Birthplace,* Baltimore City

Name of ~~Medical~~ Attendant, or other person who makes this Return. Josephine Cowan

Address, 913 Shuter St. Baltimore Md

Remarks, Mother and Child are Doing well

8 4 5 0 0 0 1 0 9 2

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-2-55

RETURN OF A BIRTH. 63252

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

Violet Adele Orem

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 26th 1895
4. Place of Birth, (Street and Number) 1810 Hanover St
5. Full Name of Mother, Abbie Grace Orem
6. Mother's Maiden Name, Abbie G. Hudson
7. Mother's Birthplace, Baltimore, Md
8. Full Name of Father, Frank K. Orem
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, Ellamora A. Anderson

Address, 1434 Patapsco St

Remarks,

8950001093

Shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63253

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) A

1. *Sex, (~~state whether~~ male ~~or female~~)*
2. *Race or Color, (~~if not of the~~ white race)*
3. *Date of Birth,* February 27 1895.
4. *Place of Birth, (Street and Number)* 103 N. Fulton Ave.
5. *Full Name of Mother,* Emma C. Batchelor
6. *Mother's Maiden Name,* Emma C. Walker
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Wallace H. Batchelor
9. *Father's Occupation* Druggist.
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. F. Frazer M.D.

Address, 662 W. Lexington St.

Remarks,

1895 0001094

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 63254

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~) 2nd

1. *Sex,* (state whether male or female) Female
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth,* February 27 - 95
4. *Place of Birth,* (Street and Number) 2201 N Charles St
5. *Full Name of Mother,* Helen Raborg Hanna
6. *Mother's Maiden Name,* Helen Raborg
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* J Wesley Hanna
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return — Robert W. Mifflin

Address, 402 Cathedral St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

8950001095

KULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 63263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore ~~City~~. A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb 1st 1895
4. Place of Birth, (Street and Number) 129 N Amity St
5. Full Name of Mother, Rose anna ~~Bagnell~~ Sewell
6. Mother's Maiden Name, Roseanna Bagnell
7. Mother's Birthplace, Accomac County Va
8. Full Name of Father, Benjamin Franklin Sewell
9. Father's Occupation Produce & Fish Dealer
10. Father's Birthplace, Calvert County Md

Name of Medical Attendant, or other person who makes this Return, Caroline Queen

Address, 1066 Raborg St City

Remarks,

8950001096

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

63256

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 3d

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Feb. 2 nd

4. *Place of Birth, (Street and Number)* 662 W. Balt.

5. *Full Name of Mother,* Gertrude Weigman

6. *Mother's Maiden Name,* " Koerger

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* George Koerger

9. *Father's Occupation,* Shoe-maker

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return. L. L. Buddenbrock

Address, 418 S. Paca St.

Remarks,

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, in case the be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

0750001097

RETURN OF A BIRTH. 63257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child 4

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 3rd Feb 1895

4. *Place of Birth, (Street and Number)* 1228 Watson St

5. *Full Name of Mother,* Rose Harlowes

6. *Mother's Maiden Name,* Curry

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Samuel Harlowes

9. *Father's Occupation* Oysterman

10. *Father's Birthplace,* Virginia West Virginia

Name of Medical Attendant, or other person who makes this Return, Mrs E A Brooks

Address, 1225 Light St

Remarks, Casino Visit

1895 0001098

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63258

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female A.
2. Race or Color, (if not of the white race)
3. Date of Birth, 2 Feb
4. Place of Birth, (Street and Number) 239 Forest St
5. Full Name of Mother, Dora Abraham
6. Mother's Maiden Name, Cohen
7. Mother's Birthplace, Poland
8. Full Name of Father, Simon Abraham
9. Father's Occupation, Tailor
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Wm R Illig

Address, 1802 E Lexington St

Remarks,

E 75 U 0 0 1 0 9 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female. A.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 3rd 95.
4. Place of Birth, (Street and Number) 1067 Argyle Ave.
5. Full Name of Mother, Beulah Collins.
6. Mother's Maiden Name, Beulah Collins.
7. Mother's Birthplace, Unknown.
8. Full Name of Father, Unknown.
9. Father's Occupation Unknown.
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. J. T. McCarthy M.D.

Address, 647 George St. Balto. City.

Remarks, The child is an illegitimate one. The mother refuses to give any information.

89 5000 1100

Wm. J. C. Dulany Co., City Printers and Stationers.

Every person in attendance at the birth of a child, whether a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63260

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 3 Feb
4. Place of Birth, (Street and Number) 1229 N Bond St
5. Full Name of Mother, Emma Williamson
6. Mother's Maiden Name, " Klingelbast
7. Mother's Birthplace, Balto
8. Full Name of Father, Christian Williamson
9. Father's Occupation, Cutler
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Wm R Miller

Address, 1302 Lexington St

Remarks,

1 8 9 5 0 0 0 1 1 0 1

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63261

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. *Sex, (state whether male or female)* Female A.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 3 1895
4. *Place of Birth, (Street and Number)* 413 Hanover st
5. *Full Name of Mother,* Martha J. Mason Taylor
6. *Mother's Maiden Name,* [illegible] Crandall
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* [illegible] Taylor
9. *Father's Occupation* Fireman
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E F Brooks

Address, 528 Light st

Remarks, Corn Well

1 8 9 5 0 0 0 1 1 0 2

Wm. J. C. Dulany Co.-City Printers and Stationers.

RETURN OF A BIRTH 63262

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male A.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 5. 95
4. *Place of Birth, (Street and Number)* 2040 Wilkins ave.
5. *Full Name of Mother,* Pauline Steinmüller
6. *Mother's Maiden Name,* " Lendenring
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward Steinmüller
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. E. L. Baldauf M.D.

Address, 418 S. Paca St.

Remarks,

Certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...rphy & Co., City Printers and Stationers.

0 9 5 0 0 0 1 1 0 3

RETURN OF A BIRTH

63263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White — A

3. *Date of Birth,* Feb. 5th

4. *Place of Birth, (Street and Number)* 9 W. Montgomery

5. *Full Name of Mother,* Lavinia Hensell

6. *Mother's Maiden Name,* " Oest

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* Louis Hensell

9. *Father's Occupation,* Piano-maker

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return. G. L. Boddenhorn

Address, 417 S. Paca St.

Remarks,

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

18 75 0 0 0 1 1 0 4

RETURN OF A BIRTH. 63264

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d child A

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 20, 1904

4. Place of Birth, (Street and Number) 10 W Eutaw St

5. Full Name of Mother, Josephine Jones

6. Mother's Maiden Name, Hinrichsen

7. Mother's Birthplace, Balto

8. Full Name of Father, Charles H Jones

9. Father's Occupation Tailor

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Geo K Brooke M D

Address, 10 W Eutaw St

Remarks, Boy

8950001105

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63265

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child A.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 3 1895
4. *Place of Birth, (Street and Number)* 1402 Baker
5. *Full Name of Mother,* Sarah Quinn
6. *Mother's Maiden Name,* [illegible] Cooney
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Quinn
9. *Father's Occupation* Fireman
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs E K Brooks

Address, 1003 Eden St

Remarks, Home Well

1 8 9 5 0 0 0 1 1 0 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63266

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 6th A

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, Feb. 5th 1895
4. Place of Birth, (Street and Number) 238 N. Bradford St
5. Full Name of Mother, Henrietta Johnson
6. Mother's Maiden Name,
7. Mother's Birthplace, Talbot Co. Md
8. Full Name of Father, James H. Johnson
9. Father's Occupation Laborer
10. Father's Birthplace, Annapolis Md

Name of Medical Attendant, or other person who makes this Return, Emeline Barney

Address, 413 Lewis St

Remarks,

1895000107

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* M

2. *Race or Color, (if not of the white race)* Mulp

3. *Date of Birth,* Oct 4 1902

4. *Place of Birth, (Street and Number)* 1013 E Fayo ave

5. *Full Name of Mother,* Mary E Welch

6. *Mother's Maiden Name,* Mary E Jones

7. *Mother's Birthplace,* Salisbury

8. *Full Name of Father,* Samuel D Welch

9. *Father's Occupation* Labor

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs E E Brooks

Address, 1013 East Fayo ave

Remarks, Mary Welch

A

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

6750001108

RETURN OF A BIRTH. 63268

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. Sex, (state whether male or female) Male A
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6 Feb 1895
4. Place of Birth, (Street and Number) 125 S Wolfe st
5. Full Name of Mother, Rose McShane
6. Mother's Maiden Name, Wirtz
7. Mother's Birthplace, Port Deposit MD
8. Full Name of Father, James McShane
9. Father's Occupation Shoe Cutter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E A Brandt

Address, 1509 Light st

Remarks, Home Mid

1895000109

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63269

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd A

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 6 95
4. *Place of Birth, (Street and Number)* 706 Florence St
5. *Full Name of Mother,* Sarah Estelle American
6. *Mother's Maiden Name,* Sarah E Rigal
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* George Andrew American
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Baltimore MD

Name of Medical Attendant, or other person who makes this Return, Mary J Pierson

Address, 2864 Lanvale St

Remarks,

1895000110

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63270

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child

1. *Sex, (state whether male or female)* Male A.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1 Feb 1895
4. *Place of Birth, (Street and Number)* 13 West 21
5. *Full Name of Mother,* Mary E. Slater
6. *Mother's Maiden Name,* E. E. Baker
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* William C. Slater
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E A Brooks

Address, 1028 Light St

Remarks, Living Well

8950001111

Shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63271

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mother, (state whether 1st, 2d, 3d, &c.) 2. A.

whether male or female) Female.

lor, (if not of the white race) Colored.

Birth, January 7. 1893

Birth, (Street and Number) Baltimore. Mount avenue No.

of Mother, Sarah Sims

Maiden Name, Sarah Ghuston.

Birthplace, Baltimore

of Father, Henry Sims

ccupation Laborer

Birthplace, Baltimore

Medical Attendant, or other person who makes this Return, Gracie Harris

818 Stockholm St.

8 9 5 U 0 0 1 1 1 2

s and Stationers.

RETURN OF A BIRTH. 63272

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) Male A.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 9 1895
4. Place of Birth, (Street and Number) 603 Byrd st
5. Full Name of Mother, Nellie Hall
6. Mother's Maiden Name, " Leary
7. Mother's Birthplace, Balto
8. Full Name of Father, Thomas Hall
9. Father's Occupation Sailor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return Mrs E C Beasley

Address, 523 Light st

Remarks, Dr Smith

0 2 5 0 0 0 1 1 1 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63273

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1934 January
4. Place of Birth, (Street and Number) Church Home
5. Full Name of Mother, Edna Tisdale
6. Mother's Maiden Name, Tate
7. Mother's Birthplace, Carroll County Maryland
8. Full Name of Father, Walter
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore City Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs. C. L. Brooks

Address, 1525 Carlton Ave

Remarks, Home Birth

6950001114

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63274

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black. A

3. Date of Birth, February 10. 1895

4. Place of Birth, (Street and Number) 2119 Monroe St. Balto. Md

5. Full Name of Mother, Sarah Moore

6. Mother's Maiden Name, Sarah Moore

7. Mother's Birthplace, Fahrenheit, Virginia

8. Full Name of Father, Joseph Moore

9. Father's Occupation Sailor

10. Father's Birthplace, Fahrenheit, Virginia

Name of Medical Attendant, or other person who makes this Return, Sarah E Bob midwife

Address, 612 Collett. st Baltimore City

Remarks, 1

1895 0001115

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63275

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 4 February

4. Place of Birth, (Street and Number) 1203 E. Baltimore St.

5. Full Name of Mother, Annie L. Prince

6. Mother's Maiden Name, Annie L. Kaufman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edward Prince

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks. 8 9 5 0 0 0 1 1 1 6

A.

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63276

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 4 5 0 0 0 1 1 1 7

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63277

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feby 12/95
4. *Place of Birth, (Street and Number)*	1218 E Lexington St
5. *Full Name of Mother,*	Geo. T. Lucas
6. *Mother's Maiden Name,*	Marie Poncet
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Geo. T Lucas
9. *Father's Occupation*	Pie-Baker
10. *Father's Birthplace,*	Bloomington Ills.
Name of Medical Attendant, or other person who makes this Return,	Thomas Opie M.D.
Address,	219 N Monument St
Remarks,	8950001118

A

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall be subscribed by the practitioner in the form of a certificate between the first and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 63278

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 1

1. Sex, (state whether male or female). Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 12 Feb
4. Place of Birth, (Street and Number) 213 A Central ave
5. Full Name of Mother, Lizzie Miller
6. Mother's Maiden Name, " "
7. Mother's Birthplace, England
8. Full Name of Father, Geo. Miller
9. Father's Occupation Painter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mac R Illey

Address, 1959 E Lexington

Remarks,

b 25000111 9

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63279

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 1st

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation Cooper Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm. H. Brocket

Address, 523 Pratt St

Remarks, Born Well

8 9 5 U 0 0 1 1 2 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63280

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th.
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 13th 1895
4. *Place of Birth, (Street and Number)*	1323 Hillman St.
5. *Full Name of Mother,*	Emma Hess.
6. *Mother's Maiden Name,*	Emma Appleton.
7. *Mother's Birthplace,*	Lancaster Co. Pa.
8. *Full Name of Father,*	Edward E. Hess
9. *Father's Occupation*	Baggage Master N. C. R. R.
10. *Father's Birthplace,*	Dauphin Co. Pa.
Name of Medical Attendant, or other person who makes this Return,	Wilmer Brinton, M.D.
Address,	S. W. Cor. Calvert & Preston Sts
Remarks,	

A

8 7 5 0 0 0 1 1 2 1

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63281

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, 84.5000 1122

third day of each and every month to the office of the Commissioner of midwifery, or shall become the duty of the person required, and shall occur without the attendance of a physician or practioner of midwifery, or shall become the duty of the person required, and attendance upon the mother, immediately thereafter it shall be within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63282

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 15. 95

4. Place of Birth, (Street and Number) 206 S. Chester St

5. Full Name of Mother, Mary A. Wright

6. Mother's Maiden Name, —

7. Mother's Birthplace, Balto

8. Full Name of Father, Wm C Wright

9. Father's Occupation —

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Chas. D Miller

Address, 409 S. Pat Parkside

Remarks,

BV5000 1123

Wm. J. C. Dulany Co., City Printers and Stationers.

Certificates shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63283

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 15 Feb
4. Place of Birth, (Street and Number) 412 N. Caroline St
5. Full Name of Mother, Caroline Lang
6. Mother's Maiden Name, Reichert
7. Mother's Birthplace, Balto
8. Full Name of Father, Herman Lang
9. Father's Occupation, Cook
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Wm R Ulbig

Address, 1802 E Lexington St

Remarks,

8 4 5 U 0 0 1 1 2 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63284

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. *Sex, (state whether male or female)* [illegible]
2. *Race or Color, (if not of the white race)* [illegible]
3. *Date of Birth,* [illegible]
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* [illegible]
9. *Father's Occupation* [illegible]
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks, Dead

8 9 5 0 0 0 1 1 2 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63285

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, Feb. 16 1896
4. Place of Birth, (Street and Number) 235 Eutaw St.
5. Full Name of Mother, Augusta D Thomas
6. Mother's Maiden Name, Willmore
7. Mother's Birthplace, Anrilea Co.
8. Full Name of Father, John Willmore
9. Father's Occupation Steador
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return Caroline Dixon

Address, 1066 Rebanay St.

Remarks,

8950001126

and the certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 63286

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 17th, 1895
4. Place of Birth, (Street and Number) 1714 E Patterson Park ave
5. Full Name of Mother, Margaretha Walter
6. Mother's Maiden Name, Redroff
7. Mother's Birthplace, Germany
8. Full Name of Father, J. Friederick Walter
9. Father's Occupation, Watchman
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wilhelmine Schmidt

Address, V. 7 Mine Bank Lane

Remarks, none

8950001127

Wm J C Dulany Co., City Printers and Stationers.

Every midwife, or person who shall attend upon any birth, shall make a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 6328

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* Feby 17 1895

4. *Place of Birth, (Street and Number)* 2513 Canton av.

5. *Full Name of Mother,* Sadie E. Garrett ~~J. H. Garrett~~

6. *Mother's Maiden Name,* Sadie E. Parsons

7. *Mother's Birthplace,* Balt.

8. *Full Name of Father,* J. H. Garrett

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other person who makes this Return, R W Mansfield M.D.

Address, 129 S Broadway

Remarks,

8 9 5 0 0 0 1 1 2 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63288

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd. Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 17th. 1895
4. *Place of Birth, (Street and Number)*	818 N. Central Ave.
5. *Full Name of Mother,*	Augusta Deaner
6. *Mother's Maiden Name,*	Augusta Hartung
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Thomas A. Deaner
9. *Father's Occupation*	Paper Hanger
10. *Father's Birthplace,*	Balt. Md.
Name of Medical Attendant, or other person who makes this Return,	Wilmer Brinton M.D.
Address,	S. W. cor. Calvert & Preston Sts.
Remarks,	

8 9 5 0 0 0 1 1 2 9

Wm. J. C. Dulany Co., City Printers and Stationers

the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White — A.
3. Date of Birth, February 18th 1895
4. Place of Birth, (Street and Number) 748 Dolphin st
5. Full Name of Mother, Annie Nelson
6. Mother's Maiden Name, " Old
7. Mother's Birthplace, Tennessee
8. Full Name of Father, Charles Hill Nelson
9. Father's Occupation Traveling Salesman
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return Chas E. E. Bloss M.D.

Address, 1102 W. Lafayette ave

Remarks,

8 4 5 0 0 0 1 1 3 0

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63290

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17 Feb 1893
4. *Place of Birth, (Street and Number)* 36 W. Lemmon st
5. *Full Name of Mother,* Lizzie M. Rudolph
6. *Mother's Maiden Name,* Heiney
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* George Rudolph
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. E. E. Rook

Address, 808 Eutaw st

Remarks, Born Well

8950001131

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63291

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* febuary 17th 1895
4. *Place of Birth, (Street and Number)* Howard st 418
5. *Full Name of Mother,* Alice Johnson
6. *Mother's Maiden Name,* Alice Handy
7. *Mother's Birthplace,* west virginia
8. *Full Name of Father,* frank Johnson
9. *Father's Occupation* labour
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Hannah Jane Wilson

Address, 124 west Lurey st

Remarks, full 9 months

1895000011132

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62292

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feby. 17th '95
4. *Place of Birth, (Street and Number)*	1129 McCulloh St.
5. *Full Name of Mother,*	Elizabeth Dickey Glasgow
6. *Mother's Maiden Name,*	Mullen
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	W. Melancthon Glasgow
9. *Father's Occupation*	Preacher
10. *Father's Birthplace,*	Ohio
Name of Medical Attendant, or other person who makes this Return,	Thomas Opie M.D.
Address,	219 W. Monument St
Remarks,	

1895000133

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 63293

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Alice Mildred Reiser

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 18th 1895
4. Place of Birth, (Street and Number) 1142 N. Carey st
5. Full Name of Mother, Alice Noyes Reiser
6. Mother's Maiden Name, " " Wilbourn
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, John Reiser
9. Father's Occupation Paper Dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Chas E. Gilbous M.D.

Address, 1102 W. Lafayette ave

Remarks, OTHER NAME ADDED. 8-22-52

B 9500011134

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63294

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb 18 - 1895
4. Place of Birth, (Street and Number) Wayne Street 223 Baltimore
5. Full Name of Mother, Annie Owings
6. Mother's Maiden Name, Annie Williams
7. Mother's Birthplace, Calvert County
8. Full Name of Father, James Owings
9. Father's Occupation, Stevadore
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Emily Hughes

Address, 652 Cider alley.

Remarks, No remarks

8 9 5 0 0 0 1 1 3 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 63295

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 19. 95
4. *Place of Birth, (Street and Number)* 204 E. Church St.
5. *Full Name of Mother,* Hannie Haetlen
6. *Mother's Maiden Name,* " Schmidt
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Hug. Haetlen
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. E. L. Goldsborough

Address, 418 S. Paca St.

Remarks,

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

8 7 5 0 0 0 1 1 3 6

RETURN OF A BIRTH. 63296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male A.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 20. 95
4. *Place of Birth, (Street and Number)* 620 N. Bethel St
5. *Full Name of Mother,* Mary Price
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* Prussia
8. *Full Name of Father,* Frank Price
9. *Father's Occupation* Gunmaker
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Chas. L. Mew

Address, 619 S. Pat. Park Ave

Remarks,

8 9 5 U 0 0 1 1 3 7

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24 Feb 1900
4. *Place of Birth, (Street and Number)* 12 Lee av
5. *Full Name of Mother,* Catherine Mc Cracken
6. *Mother's Maiden Name,* Catherine Mc Cracken
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Jno & Mc Cracken
9. *Father's Occupation* Saloon
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Wm & H Banks

Address, 1823 Eagle st

Remarks, Home Well

1 8 9 5 0 0 0 1 1 3 8

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63298

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 2 Oct 93

4. *Place of Birth, (Street and Number)* 22 Eager St

5. *Full Name of Mother,* Anna M Henderson

6. *Mother's Maiden Name,* " " Ryan

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* August Henderson

9. *Father's Occupation* Cig Dealer

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E F Brooks

Address, 1009 Eager St

Remarks, Dr Dorsey Well

1895000139

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63299

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 6 1893
4. Place of Birth, (Street and Number) 1301 Williams st
5. Full Name of Mother, Margaret Bauer
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Italy
8. Full Name of Father, Louis Bauer
9. Father's Occupation Cabinet Maker
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Mrs E C Proctor

Address, 1338 Light st

Remarks, [illegible]

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1 8 7 5 0 0 0 1 1 4 0

RETURN OF A BIRTH. 63300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 21st 1895
4. Place of Birth, (Street and Number) 735 N. Franklin st
5. Full Name of Mother, Lizzie E. Stansbury
6. Mother's Maiden Name, " " Davidson
7. Mother's Birthplace, Frederick Co. Md.
8. Full Name of Father, Charles Stansbury
9. Father's Occupation Huckster
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo. E. Gibbons M.D.

Address, 1102 W. Lafayette ave

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 9 5 U 0 0 1 1 4 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63301

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 22d July 1895
4. *Place of Birth, (Street and Number)* 2103 Monger St
5. *Full Name of Mother,* Minnie Culp
6. *Mother's Maiden Name,* Hogan
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm Culp
9. *Father's Occupation,* Soap Maker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Rosa Dilley

Address, 1302 E Lexington St

Remarks,

1895 00011 42

Wm. J. C. Dulany Co., City Printers and Stationers.

The certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 13302

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* A
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 5 0 0 3 1 1 4 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63303

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 22nd Feby 1895
4. *Place of Birth, (Street and Number)* 210 Lemmon St
5. *Full Name of Mother,* Florence Hewson
6. *Mother's Maiden Name,* Graham
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* George Hewson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Rosa Lillig

Address, 1302 E. Lexington St

Remarks,

8950001144

Wm. J. C. Dulany Co., City Printers and Stationers.

and certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 24th 1895.
4. Place of Birth, (Street and Number) 1115 Lime Town Co Number
5. Full Name of Mother, Mary C. S. Brodman
6. Mother's Maiden Name, Adams
7. Mother's Birthplace, Maryland
8. Full Name of Father, Charles L. Brodman
9. Father's Occupation Messenger
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, J. B. Hartman M.D.

Address, 815 Jefferson Ave.

Remarks,

8950001145

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63305

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 February
4. Place of Birth, (Street and Number) 1600 N Chester St
5. Full Name of Mother, Addie Bruns
6. Mother's Maiden Name, Rumsfeller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Bruns
9. Father's Occupation Paper Hanger
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm Bruns

Address, 1600 N. Chester St Balto

Remarks,

0750001146

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 63306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24 February 1895
4. *Place of Birth, (Street and Number)* 2103 N. Charles St
5. *Full Name of Mother,* Florence H Patterson
6. *Mother's Maiden Name,* " " McCullough
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Thomas L. Patterson
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. W. Brewer M.D.

Address, 1124 W. Fayette St.

Remarks, Remains born - twin Female - albuminuria - Uraemia - convulsions 0 0 1 1 4 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Each Coroner, on receiving notice of the birth of a child, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 24 Feb 1892
4. Place of Birth, (Street and Number) Baltimore Md 414 S Stricker St
5. Full Name of Mother, Augustia Graf
6. Mother's Maiden Name, Augustia Hellman
7. Mother's Birthplace, Germany
8. Full Name of Father, Robert R Graf
9. Father's Occupation, Butt
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr Mary Krauss.

Address, 414 S Stricker St Baltimore Md

Remarks, Mother and child are doing well

8950001149

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24th Feb 1895
4. *Place of Birth, (Street and Number)* Baltimore md 492 Forrest St
5. *Full Name of Mother,* Anna Dembinsky
6. *Mother's Maiden Name,* Anna Wietzickowsky
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Dembinsky
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Tranum

Address, 414 S Streeter St Baltimore md

Remarks, Mother and child are doing well

B 2500011149

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-5-56

RETURN OF A BIRTH. 63309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

William Kratz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) — — —

3. Date of Birth, 24 Feb th 195

4. Place of Birth, (Street and Number) 408 W Lexington Ste

5. Full Name of Mother, Martha Kratz

6. Mother's Maiden Name, " " Mauker

7. Mother's Birthplace, Germany

8. Full Name of Father, Adam Kratz

9. Father's Occupation Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Louise Gross

Address, 1907 E Monument Ste

Remarks, 8 9 5 0 0 0 1 1 5 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63310A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 24th 1895
4. Place of Birth, (Street and Number) 1648 Fort Ave
5. Full Name of Mother, Anna McSweeney
6. Mother's Maiden Name, Anna Frank
7. Mother's Birthplace, Germany
8. Full Name of Father, John McSweeney
9. Father's Occupation, Restaurant
10. Father's Birthplace, Scotland

Name of Medical Attendant, or other person who makes this Return.

Address, 1648 Fort Ave Balt Md

Remarks, Attended Maggie Ettel
1619 Cuba St.

Wm J C. Dulany Co., City Printers and Stationers.

3 9 5 0 0 0 1 1 5 1

The schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 2-19-52

RETURN OF A BIRTH. 6331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lillian Gawlis

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 24, 1895
4. Place of Birth, (Street and Number) No. 18 Washington st ext
5. Full Name of Mother, Gawlis, Ludwiga
6. Mother's Maiden Name, ———
7. Mother's Birthplace, Poland
8. Full Name of Father, Ludwig Gawlis
9. Father's Occupation Tailor
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Aug 2 Elwell, M D

Address, 1941 Harford ave

Remarks,

1895000 1152

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 60312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Feb. 24. 1895
4. Place of Birth, (Street and Number)	St. Vincents Infant Asylum
5. Full Name of Mother,	Bridget O'Mahoney
6. Mother's Maiden Name,	Bridget
7. Mother's Birthplace,	Indiana
8. Full Name of Father,	J. P. O'Mahoney
9. Father's Occupation	Reporter
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return,	R. Lemmon M. D.
Address,	~~153~~ 600 North Ave
Remarks,	

5750001153

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63313

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st "
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 24 1895
4. *Place of Birth, (Street and Number)*	103 Franklin
5. *Full Name of Mother,*	Mrs Anna Davis Reier " "
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Geo H Reier
9. *Father's Occupation*	Carriage Maker
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	E E Cullen
Address,	Lumpkin (Negress)
Remarks,	Eclampsia - Fricia Ofe de la Tetosis
	and infection 1154

The law requires the following particulars to be given: The full name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 25
4. Place of Birth, (Street and Number) Baltimore Md 1829 W Pratt St
5. Full Name of Mother, Mary Thomas
6. Mother's Maiden Name, Mary Bonebrake
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Richard Thomas
9. Father's Occupation, Farmer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Trainor

Address, 414 S Stricker St Baltimore Md

Remarks, Mother and child are doing well

8950001155

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63315

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 25. 95
4. Place of Birth, (Street and Number) 1802 Fairmount Ave
5. Full Name of Mother, Maggie Reifner
6. Mother's Maiden Name, Rose
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, George Reifner
9. Father's Occupation, upholsterer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Jno. C. Pickel.

Address, 1312 Eastlake Ave

Remarks,

8 7 5 0 0 0 1 1 5 6

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 13316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feb 26 - 95
4. *Place of Birth, (Street and Number)*	1838 E Chase
5. *Full Name of Mother,*	Florence E. Gross
6. *Mother's Maiden Name,*	" " Palmer
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Nicholas G. Gross
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	1438 N. Bond St
Remarks,	

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8950001157

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63217

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 4th 1895
4. *Place of Birth, (Street and Number)* Ramsay St No 1920
5. *Full Name of Mother,* mary Smith
6. *Mother's Maiden Name,* mary manning
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* albert E Smith
9. *Father's Occupation* fireman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs D Feller

Address, No 1922 Mitchie Ave

Remarks,

8 9 5 0 0 0 1 1 5 8

Wm. J. C. Dulany Co., City Printers and Stationers

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 25, 1893
4. Place of Birth, (Street and Number) 810 Lexington St.
5. Full Name of Mother, Minnie Olsen.
6. Mother's Maiden Name, Minnie Olsehouse.
7. Mother's Birthplace, Balto.
8. Full Name of Father, Irene Casey.
9. Father's Occupation Labor.
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary L Dwayne

Address, 824 Canton St.

Remarks,

0950001159

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 63319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) — — —

3. Date of Birth, Feb 25 th 1895

4. Place of Birth, (Street and Number) 2011 E Biddle St

5. Full Name of Mother, Anna Sauer

6. Mother's Maiden Name, " " Streil

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Sauer

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Louise Gross

Address, 1907 E Monument St

Remarks, 8 4 5 0 0 0 1 6 0

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63320

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5,

1. *Sex, (state whether male or female)* Male,
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 20th 1901
4. *Place of Birth, (Street and Number)* #98. Frederick Ave
5. *Full Name of Mother,* Mary C. Scott.
6. *Mother's Maiden Name,* Mary C. Dingus
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Winfield Scott.
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. G. L. Garwick M.D.

Address, #2541 Rayner Ave.

Remarks,

5 7 5 8 0 0 1 1 6 1

Wm. J. C. Dulany Co., City Printers and Stationers.

(If any shall have been omitted) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 26th of Feb 1895
4. *Place of Birth, (Street and Number)* 1635 Vincent ave
5. *Full Name of Mother,* Mary Cathrina Johnson
6. *Mother's Maiden Name,* Mary Cathrina Johnson
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Geo. W. Johnson
9. *Father's Occupation* Brickleyer
10. *Father's Birthplace,* Kentucky

Name of Medical Attendant, or other person who makes this Return, Mrs Sarah Rollins

Address, 1601 Vincent ave

Remarks,

8950001162

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 63322

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February the 25th 1895
4. *Place of Birth, (Street and Number)*	Druid Hill Ave 1616
5. *Full Name of Mother,*	Maggie A. Wright
6. *Mother's Maiden Name,*	Maggie A. Wynkoop
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George B. McCardwright
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Montgomery Co Md
Name of Medical Attendant, or other person who makes this Return,	Dr S Haley
Address,	1922 Mulberry
Remarks,	

B 7 5 0 0 0 1 1 6 3

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 63323

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the peson or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, February 25th 1875
4. Place of Birth, (Street and Number) No. 213 Bentlow St
5. Full Name of Mother, Rose Reich
6. Mother's Maiden Name, Rose Cantwell
7. Mother's Birthplace, Ohio
8. Full Name of Father, Henry Reich
9. Father's Occupation Barber
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1 0 7 5 0 0 9 1 1 6 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	25th February
4. *Place of Birth, (Street and Number)*	123 N. Randall St
5. *Full Name of Mother,*	Kate McLaughlin
6. *Mother's Maiden Name,*	Kate Lacey
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Luke McLaughlin
9. *Father's Occupation*	Motorman
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Mrs Bange
Address,	711 W. Cross St
Remarks,	

8950001165

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63325

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25th February 95
4. *Place of Birth, (Street and Number)* 2018 Wagg Alley
5. *Full Name of Mother,* Johanna Bauer
6. *Mother's Maiden Name,* Johanna Belz
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Johann Bauer
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 216 West Pratt St.

Remarks,

0750001166

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63326

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	25th of February 95
4. *Place of Birth, (Street and Number)*	2102 Frederick Road
5. *Full Name of Mother,*	Augusta Balzer
6. *Mother's Maiden Name,*	Augusta Beier
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Balzer
9. *Father's Occupation*	Schoemaker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return	Friederike Heuler Midwife
Address,	214 West Pratt St
Remarks,	

8x5U00111617

Wm. J. C. Dulany Co., City Printers and Stationers.

CITIZEN NAME ADDED 4-18-55

RETURN OF A BIRTH. 63024 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Eva Elizabeth	
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	25th of February 95
4. Place of Birth, (Street and Number)	1122 Lambert St
5. Full Name of Mother,	Louise Remmel
6. Mother's Maiden Name,	Louise Weinstalk
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Conrad Remmel
9. Father's Occupation	Butcher
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Keules Midwife
Address,	216 West Pratt St.
Remarks,	

8 7 5 0 0 0 1 1 6 8

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63328

GIVEN NAME ABBRD 10-20-60

To the Office of Registrar of ~~Vital~~ Statistics, Board of Health, Baltimore City.

Name: Joseph Purnell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb. 25 1895
4. Place of Birth, (Street and Number) 419 S. Dallas St.
5. Full Name of Mother, Nannie Purnell
6. Mother's Maiden Name, Palmer
7. Mother's Birthplace, Raleigh North Caroline
8. Full Name of Father, Wm Purnell
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 427 E. Pratt St.

Remarks,

0 9 5 0 0 0 1 1 6 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 63329

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 26 Feb 1895
4. Place of Birth, (Street and Number) 1114 Johnson st.
5. Full Name of Mother, Laura Kurbel
6. Mother's Maiden Name, Metzger
7. Mother's Birthplace, America
8. Full Name of Father, William Kurbel
9. Father's Occupation Labor
10. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 434 East ave.

Remarks,

1895 0001 170

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 63330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 d.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Febr. 26. (6 : 20. A. M.).
4. *Place of Birth, (Street and Number)* 1229 Pennsylv. Ave.
5. *Full Name of Mother,* Rosa Faubr.
6. *Mother's Maiden Name,* Roman.
7. *Mother's Birthplace,* Kellberg b. Bremen - Germany.
8. *Full Name of Father,* Fraz Faubr.
9. *Father's Occupation* Shoemaker.
10. *Father's Birthplace,* Kellberg b Bremen - Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs. H. Faust, for Phil

Address, Mother Relief Society - 961 Milton Place,

Remarks,

095 0001171

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 26. th. 1895
4. Place of Birth, (Street and Number) No 1838 N. Collington ave.
5. Full Name of Mother, Marie Gimbel
6. Mother's Maiden Name, Lacking
7. Mother's Birthplace, Germany
8. Full Name of Father, Peter Gimbel
9. Father's Occupation, Beer Brewer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wilhelmine Schmidt

Address, No. 7 Mine Bank Lane

Remarks, none

1895 0001172

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	26th Feb 1895
4. *Place of Birth, (Street and Number)*	Barbara Dorr
5. *Full Name of Mother,*	119 S Charles St
6. *Mother's Maiden Name,*	Mastetaaren
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Michael Dorr
9. *Father's Occupation,*	Basket maker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Elizabeth Hyslop
Address,	436 E Fort Ave
Remarks,	

1895 00011 73

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 26th 1895

4. Place of Birth, (Street and Number) 27 N. Schroeder St

5. Full Name of Mother, Jennie Nolan

6. Mother's Maiden Name, Jennie Lowry

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Joseph Nolan

9. Father's Occupation Saloon Keeper

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Maria Ley

Address, 206 N. Schroeder St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

1 2 5 : 0 9 : 1 7 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

63334

A

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Kate Tillman

1. *Sex* (state whether Male or Female) Fem'ale

2. *Race or Color* (if not of the white race) Colored

3. *Date of Birth* Febuary 26/15

4. *Place of Birth* (Street and Number) 506 ½ Pearl street

5. *Full Name of Mother* Sista Robinson

6. *Mother's Maiden Name* Carolina Battles

7. *Mother's Birthplace* Baltimore City Md

8. *Full Name of Father* James Robert Robinson

9. *Father's Occupation* William Tillman upholster

10. *Father's Birthplace* Baltimor

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

8950001175

RETURN OF A BIRTH 63335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* Feby 26/1895
4. *Place of Birth, (Street and Number)* 1816 N Caroline St
5. *Full Name of Mother,* Elizabeth Streb
6. *Mother's Maiden Name,* " Lewis
7. *Mother's Birthplace,* " City
8. *Full Name of Father,* Andrew Streb
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. R. G. Davis md

Address, 1507 N Caroline St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A 2 5 0 0 0 1 1 7 5

RETURN OF A BIRTH. 3336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st "
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 26
4. *Place of Birth, (Street and Number)*	1628 Mc Henry St
5. *Full Name of Mother,*	Mrs Ella Brickett Doring
6. *Mother's Maiden Name,*	" " "
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John Doring
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	E. E. Ellinwood
Address,	Union Square
Remarks,	

1895000117

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 63337

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 26th Feb.
4. *Place of Birth, (Street and Number)* # 836 Ensor Street.
5. *Full Name of Mother,* Mary M. Sullivan.
6. *Mother's Maiden Name,* Mary M. White.
7. *Mother's Birthplace,* Hanover Pa.
8. *Full Name of Father,* John H Sullivan
9. *Father's Occupation,* Painter.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return Mrs E. A White.

Address, # 940 Ensor Street.

Remarks, N

0750001173

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

A. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 63338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month. the same can be ascertained the full name of each child, (if any shall have been conand shall set forth as far as the name and occupation of its parents, the date and place of birth, and the said schedule ferred), its sex, color, the full name and occupation in the form of a certificate between the first and third day of shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Feb 21 1895
4. *Place of Birth (Street and Number),* 160 Monument
5. *Full Name of Mother,* Annie Roach
6. *Mother's Maiden Name,* Annie Cummans
7. *Mother's Birthplace,* Baltimore Co
8. *Full Name of Father,* Leander Roach
9. *Father's Occupation,* Ladder
10. *Father's Birthplace,* U.S. Co Md

Name of Medical Attendant, or other person who makes this Return. Mrs E Donaldson

Address, 1811 Westport place

Remarks, Mother & child in good health

8950001179

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 63394

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Name of child. ~~Catharine~~ Anna Blakert

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27th of Febrwar 95
4. Place of Birth, (Street and Number) Hebert St no number
5. Full Name of Mother, Anna Blakert
6. Mother's Maiden Name, Anna Kapran
7. Mother's Birthplace, Germany
8. Full Name of Father, Georg Blakert
9. Father's Occupation Laber
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Friederike Keuler Midwife

Address, 2116 West Pratt St

Remarks,

0750001180

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 63340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 27th 1895
4. *Place of Birth, (Street and Number)*	1404 McCulloh St.
5. *Full Name of Mother,*	Dorothea Werner
6. *Mother's Maiden Name,*	Dorothea Hess.
7. *Mother's Birthplace,*	Baltimore, Md.
8. *Full Name of Father,*	Otto Aug. Werner.
9. *Father's Occupation,*	Machinist.
10. *Father's Birthplace,*	Richmond, Va.
Name of Medical Attendant, or other person who makes this Return.	E. G. Shower, M.D.
Address,	2510 Penna. ave.
Remarks,	

A

1895 0001181

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 63341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Feb 27 1895

4. Place of Birth, (Street and Number) 1407 Eastern Ave.

5. Full Name of Mother, Lilly Seibert

6. Mother's Maiden Name, Hofmann

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Valentin Seibert

9. Father's Occupation Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Orath St.

Remarks,

8750001182

Wm. J. C. Dulany Co., City Printers and Stationers.

Each birth shall be registered within ten days after the same occurs, and the physician, midwife, or other person in attendance shall furnish a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63342 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February the 27 1895
4. *Place of Birth, (Street and Number)*	McHenry N° 21 25
5. *Full Name of Mother,*	Louisa D ~~Krueger~~ Krueger
6. *Mother's Maiden Name,*	Louisa Breitenstein
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Ernest A D Krueger
9. *Father's Occupation*	Machinist
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs S Keller
Address,	N° 19 22 Wilkins Ave
Remarks,	

8 9 5 U 0 0 1 1 8 3

Health. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 63343

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Feb 27/95
4. Place of Birth, (Street and Number)	523 S. Charles
5. Full Name of Mother,	Effie May Roberts
6. Mother's Maiden Name,	Effie May Moore
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Thomas Duncan Roberts
9. Father's Occupation	Printer
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	E. Mitchell M.D.
Address,	491 S. Charles St
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the peison or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 7 5 0 0 0 1 1 8 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63344 A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. Sex, (state whether male or female) .....
2. Race or Color, (if not of the white race) .....
3. Date of Birth, Feb. 27 - 95
4. Place of Birth, (Street and Number) 528 W Cross st.
5. Full Name of Mother, Mary Louise Fleischmann
6. Mother's Maiden Name, Ernstberger
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Aloysius Edward Fleischmann
9. Father's Occupation Clothing Cutter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Manske

Address, 200 Loudenhall St

Remarks, ...

1895 0001185

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, February 27
4. Place of Birth, (Street and Number) 128 E. Cross St.
5. Full Name of Mother, Louisa Reviol
6. Mother's Maiden Name, " Bathe
7. Mother's Birthplace, Balto.
8. Full Name of Father, George Reviol
9. Father's Occupation Printer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Catherine Klunck

Address, Rear 1 Gaudenhall St

Remarks,

1895 0001186

Wm. J. C. Dulany Co., City Printers and Stationers.

...ex, color, the full name and occupation of its parents, the date and place of birth; and the ...e shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...d day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	27th of February 1895
4. *Place of Birth, (Street and Number)*	17 Penn st.
5. *Full Name of Mother,*	Margret M. Schultz
6. *Mother's Maiden Name,*	Margret M. Carroll
7. *Mother's Birthplace,*	Annapolis Md.
8. *Full Name of Father,*	Henry Schultz
9. *Father's Occupation*	Driver
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return,	Sundie Hunter
Address,	23d & Pennsylvania Ave
Remarks,	

1895 U 00011187

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 27th 95
4. *Place of Birth, (Street and Number)*	1012 Calhoun St.
5. *Full Name of Mother,*	Sallie H. Schmidt.
6. *Mother's Maiden Name,*	Pinneylvania
7. *Mother's Birthplace,*	Sallie H. Saul
8. *Full Name of Father,*	George J. Schmidt
9. *Father's Occupation*	Motorman
10. *Father's Birthplace,*	Pinneylvania
Name of Medical Attendant, or other person who makes this Return,	William Stork M. D.
Address,	1304 W. Lafayette Ave
Remarks,	

1895 0001188

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such Birth, and shall enter the same on Birth schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Over

RETURN OF A BIRTH 63348

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ida Minerva Gulden

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W
3. Date of Birth, Feby 27th 95
4. Place of Birth, (Street and Number) 905 N Eden St
5. Full Name of Mother, Mary A Gulden
6. Mother's Maiden Name, " J " Baker
7. Mother's Birthplace, East Berlin Pa
8. Full Name of Father, David J.A. Gulden
9. Father's Occupation, Painter
10. Father's Birthplace, New Oxford Pa

Name of Medical Attendant, or other person who makes this Return R G Davis MD

Address, 1507 N. Caroline St

Remarks,

8 9 5 U 0 9 1 1 8 9

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 63349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Geboren 27 February 95.
4. *Place of Birth, (Street and Number)* Glover Str. 811 Nº
5. *Full Name of Mother,* Stanislawa Surdyka
6. *Mother's Maiden Name,* Medken Nowicka
7. *Mother's Birthplace,* Poland.
8. *Full Name of Father,* Wladyslaw Nowicki
9. *Father's Occupation,* Poeland.
10. *Father's Birthplace,* Poland.

Name of Medical Attendant, or other person who makes this Return. Agnes Hodolna,

Address, Thames Str Nº 633.

Remarks, 1 gut.

T 8 9 5 0 0 0 1 1 9 0

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63350

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Goboren 27 February 95
4. Place of Birth, (Street and Number) Regeste Str 518 N°
5. Full Name of Mother, Rozy Przybyszewska
6. Mother's Maiden Name, Medken Borkowska
7. Mother's Birthplace, Poland.
8. Full Name of Father, Frenk Borkowski
9. Father's Occupation, Dockland.
10. Father's Birthplace, Poland.

Name of Medical Attendant, or other person who makes this Return. Agnes Hodolna

Address, Thames Str. N° 1635

Remarks, Sept.

8 9 5 0 0 0 1 1 9 1

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the name, color, and place of birth; and the name and occupation of its parents, the date and place of birth; and the name, sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 63337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Feb. 27
4. *Place of Birth (Street and Number),* Calverton Road, No. 550 - cor. Franklin rd
5. *Full Name of Mother,* Emma A. Hardy
6. *Mother's Maiden Name,* Wirth
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Hardy
9. *Father's Occupation,* Stone quarry worker.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. W. Lurany Thomas M.D.

Address, 611 N. Carrollton Ave.

Remarks,

This schedule shall be filled out as soon as the same can be ascertained the full name of each child, (if any shall have been born) and shall set forth as far

RETURN OF A BIRTH. 63352

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Feby 27/95
4. Place of Birth, (Street and Number) Free Lying-in Hospital 622 W Fayette
5. Full Name of Mother, Gertie Brown
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Harry H. Arthur MD Res Phys

Address, 622 W Fayette

Remarks,

8 7 5 0 0 0 1 1 9 3

...ch person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...City Printers and Stationers.

RETURN OF A BIRTH. 63353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Feby 2 1895

4. Place of Birth, (Street and Number) 820 Pierce St

5. Full Name of Mother, Nellie Dommerville

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Harry H. Arthur MD

Address, 622 W. Lombard St. Dr Resd Phys

Remarks,

8950001194

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63354

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 28 1895
4. Place of Birth, (Street and Number) 602 N. Bethel St.
5. Full Name of Mother, Annie W. A Becker
6. Mother's Maiden Name, Wolfram
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fredrick H. Becker
9. Father's Occupation Box Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Fratt St.

Remarks,

8950001195

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH 63355

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Febry 28" 95
4. *Place of Birth, (Street and Number)*	1025 Park ave
5. *Full Name of Mother,*	Kate Kavanagh
6. *Mother's Maiden Name,*	Kate Hand
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Patrick F Kavanagh
9. *Father's Occupation,*	Stone Cutter
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Albert E Hodel MD
Address,	1143 Park ave
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

6 9 5 0 0 0 1 1 9 6

RETURN OF A BIRTH. 63356

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

Name of child: Milton Stubbs

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Feb 28 - 95

4. Place of Birth, (Street and Number) 509 E Townsend

5. Full Name of Mother, Sarah A E Brashears

6. Mother's Maiden Name, A V Muir

7. Mother's Birthplace, Balto

8. Full Name of Father, Wm C G Brashears

9. Father's Occupation Groceman

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A Allwell

Address, 1438 N. Bond St

Remarks,

8950001197

Wm. J. C. Dulany Co., City Printers and Stationers.

...as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE AMENDED - 6/24/70

RETURN OF A BIRTH. 63357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: MINNIE MARIE NEUSCHAEFER

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 28th 1895
4. Place of Birth, (Street and Number) 9. W. Clement St
5. Full Name of Mother, Annie ~~NEUSCHAEFER~~
6. Mother's Maiden Name, Annie Weller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John G. ~~NEUSCHAEFER~~
9. Father's Occupation, iron molder
10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return, Ellen M. C. Anderson

Address, 1434 Patapsco St

Remarks,

8950001198

Wm J. C. Dulany Co., City Printers and Stationers.

Number, and shall set forth as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 28/95
4. *Place of Birth, (Street and Number)*	2709 Penna. Ave.
5. *Full Name of Mother,*	Mrs Ky. J. Beck
6. *Mother's Maiden Name,*	Eliza W. Weaber
7. *Mother's Birthplace,*	Philadelphia Pa.
8. *Full Name of Father,*	Henry J. Beck
9. *Father's Occupation*	Poultry dealer
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return,	Edmond Md
Address,	2505 Penna Ave
Remarks,	

8950001199

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63359

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white ~~race~~) White
3. Date of Birth, Feb 28 — 93-
4. Place of Birth, (Street and Number) 144 Retreat st
5. Full Name of Mother, E. E. Davis
6. Mother's Maiden Name, E. E. Phelps
7. Mother's Birthplace, Balto City
8. Full Name of Father, L. J. Davis
9. Father's Occupation, Police
10. Father's Birthplace, Pulad.

Name of Medical Attendant, or other person who makes this Return, L. F. Frey. M.D.

Address, 2414 Druid Hill Ave.

Remarks,

8 9 5 0 0 0 1 2 0 0

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 63360

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 6th "

A

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, February 28th 1895.
4. Place of Birth, (Street and Number) 1100 E. Hoffman St.
5. Full Name of Mother, Mary A. Wolfe.
6. Mother's Maiden Name, Mary A. Englebach.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Ernest F. Wolfe.
9. Father's Occupation, Basket Maker
10. Father's Birthplace, Homestead, Balto Co. Md.

Name of Medical Attendant, or other person who makes this Return, John C. Fuhrer M.D.

Address, 662 W. Lexington St.

Remarks,

8 7 5 0 0 0 1 2 0 1

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) black

3. Date of Birth, February - - - 28

4. Place of Birth, (Street and Number) 1310 Druid St - City

5. Full Name of Mother, Henry Gregory

6. Mother's Maiden Name, Mary Peter

7. Mother's Birthplace, Kent Co Va

8. Full Name of Father, William Gregory

9. Father's Occupation Laborer

10. Father's Birthplace, Beth town S.C

Name of Medical Attendant, or other person who makes this Return, Jane Green

Address, 1324 Druid St

Remarks,

8950001202

Wm. J. C. Dulany Co., City Printers and Stationers.

(If any child shall be born alive within the limits of Baltimore City, it shall be the duty of the physician or midwife in attendance upon the mother, or of the practitioner of midwifery, or of the person in charge of the institution in which the birth occurs, to report the birth to the Commissioner of Health, in the manner and within the period above required, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Every child born in Baltimore City shall be given a name at the time of birth, and the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.)

RETURN OF A BIRTH. 63362

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 28th 1895
4. *Place of Birth, (Street and Number)*	904 Penna ave
5. *Full Name of Mother,*	Jessie Wright
6. *Mother's Maiden Name,*	Nothwood
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	John Wright
9. *Father's Occupation*	Painter
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return,	W H Copeland M.D.
Address,	1128 Penna ave.
Remarks,	

6 7 5 0 0 0 1 2 0 3

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63363

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 28 1855
4. Place of Birth, (Street and Number) 28 Jackson St Homestead
5. Full Name of Mother, Martha Larkin
6. Mother's Maiden Name, Rintzel
7. Mother's Birthplace, Md
8. Full Name of Father, John Larkin
9. Father's Occupation Blacksmith
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, H. Young Kerkhoff M.D.

Address, 237 Gorsuch ave

Remarks,

8 9 5 0 0 0 1 2 0 4

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 63364

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 28 Feb. 1895
4. *Place of Birth, (Street and Number)* 1143 Sharp st.
5. *Full Name of Mother,* Emma Prince
6. *Mother's Maiden Name,* Marbel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charley Prince
9. *Father's Occupation* Labor
10. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return, Carlina Schwarz

Address, 434 Fort ave.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

8950001205

RETURN OF A BIRTH 63361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd A
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	African
3. Date of Birth,	Feb 28 1895
4. Place of Birth (Street and Number),	2329 Division St.
5. Full Name of Mother,	Mary Shipley
6. Mother's Maiden Name,	
7. Mother's Birthplace,	
8. Full Name of Father,	Jas Shipley
9. Father's Occupation,	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return.	Edwin K Ballard M.D.
Address,	
Remarks,	

8950001206

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...e Baltim...e Publishing Co., City Printers and Stationers.

CERTIFICATE CORRECTED 2-11-55 MIDDLE NAME ADDED 2-4-55

RETURN OF A BIRTH. 63366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Gertrude Rennie

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Pk Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 1 1893.
4. Place of Birth, (Street and Number) 810 Canton St.
5. Full Name of Mother, Sarah Rennie.
6. Mother's Maiden Name, Sarah ~~Fuhrman~~ Feenan
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Rennie.
9. Father's Occupation Breakman.
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary A Twayne.

Address, 824 Canton St.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first third day of each and every month to the office of the Commissioner of Health. In case the birth of any shall occur without the attendance of a physician or practioner of midwifery, or should no other person attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of child to report its birth to the Commissioner of Health, in the manner and within the period above required any such person or persons who shall hereafter fail to comply with the provisions of this section shall be jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered

Wm. J. C. Dulany Co,. City Printers and Stationers.

8950001207

RETURN OF A BIRTH 63367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Febr. 1st 1895
4. *Place of Birth, (Street and Number)*	1628 W Baltimore St
5. *Full Name of Mother,*	Lizzie Herzog
6. *Mother's Maiden Name,*	Lizzie Rausch
7. *Mother's Birthplace,*	Balto city
8. *Full Name of Father,*	Albert Herzog
9. *Father's Occupation,*	Cutter
10. *Father's Birthplace,*	Balto city
Name of Medical Attendant, or other person who makes this Return.	G. H. Slaterman
Address,	1634 N. Fayette St
Remarks,	

8 9 5 0 0 0 1 2 0 8

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 9-16-57

RETURN OF A BIRTH. 63368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Francis Summers ~~Beacham~~ Beacham

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb. 1, 1895.
4. Place of Birth, (Street and Number) 214 E Biddle St
5. Full Name of Mother, Emily Beacham
6. Mother's Maiden Name, Emily Broughton
7. Mother's Birthplace, Norfolk Virginia
8. Full Name of Father, F. B. Beacham
9. Father's Occupation, Broker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Howard A. Kelly.

Address, 1406 Eutaw Place.

Remarks,

8950001209

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb. 1 — 1895
4. Place of Birth, (Street and Number) 220 S. Washington St.
5. Full Name of Mother, Alice L. Ironmonger
6. Mother's Maiden Name, Brashear
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Ironmonger
9. Father's Occupation, Upholster
10. Father's Birthplace, Norfolk Va

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1917 E. Pratt St.

Remarks,

8950001210

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED 8-17-56

RETURN OF A BIRTH. 63370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edna Pearl ~~Donohue~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, February 1, 1895.
4. Place of Birth, (Street and Number) 137 Fells Road
5. Full Name of Mother, Laura Donohue.
6. Mother's Maiden Name, Corbin.
7. Mother's Birthplace, Md.
8. Full Name of Father, Joseph Donohue.
9. Father's Occupation Wagoner
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Critchell M.D.

Address, 291 Aliceanna ave.

Remarks.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8950001211

RETURN OF A BIRTH. 63371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 12th 1895
4. *Place of Birth, (Street and Number)* 213 W 20th St
5. *Full Name of Mother,* Mary Ellen Farnsworth
6. *Mother's Maiden Name,* Mary Ellen Hendenberg
7. *Mother's Birthplace,* Burlington New Jersey
8. *Full Name of Father,* Dudly Farnsworth
9. *Father's Occupation,* Actor
10. *Father's Birthplace,* Folkstone Kent Eng

Name of Medical Attendant, or other person who makes this Return, Attendant

Address, 150 W 20th St

Remarks,

18950001212

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 63372

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feby 12th 1895
4. *Place of Birth, (Street and Number)* Not Lying In Hospital 622 W Lombard
5. *Full Name of Mother,* Millie Bell
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Harry H Arthur MD

Address. 622 W Lombard

Resd Phys

Remarks,

8950001213

Wm. J. C. Dulany Co., City Printers and Stationers.

been collected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63373

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Geboren February 2/95.
4. *Place of Birth, (Street and Number)* Silicia Str. № 1803
5. *Full Name of Mother,* Fryncy Nowakowska.
6. *Mother's Maiden Name,* Hedekon Mróz
7. *Mother's Birthplace,* Poland.
8. *Full Name of Father,* Dzio Mróz
9. *Father's Occupation,* Poland
10. *Father's Birthplace,* Dzerland.

Name of Medical Attendant, or other person who makes this Return, Agnes Hodolna.

Address, Thames str. № 1635.

Remarks, Lagus.

8 4 5 0 0 0 1 2 1 4

Wm J C. Dulany Co., City Printers and Stationers.

Every conveyance of his sex, color, the full name and occupation of his parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 63374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edwin Harry Cole

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 2nd 1895
4. *Place of Birth, (Street and Number)* 429 E Lafayette Ave
5. *Full Name of Mother,* Minnie G. Cole
6. *Mother's Maiden Name,* Dickel
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Abraham G. Cole
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return. Same J. Zeltmd

Address, 314 N Eutaw St

Remarks, GIVEN NAME ADDED 4-10-52

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

8950001215

RETURN OF A BIRTH. 63375

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Febr. 2/95
4. Place of Birth, (Street and Number) 1626 E. Lanvale St.
5. Full Name of Mother, Elizabeth Friebertshauser
6. Mother's Maiden Name, " Kreisel
7. Mother's Birthplace, Balto.
8. Full Name of Father, Henry J. Friebertshauser
9. Father's Occupation Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

8 9 5 0 0 0 1 2 1 6

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 63376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb. 2nd 1895
4. Place of Birth, (Street and Number) 1015 Jenkins Al.
5. Full Name of Mother, Sarah A Mitchell
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William A Mitchell
9. Father's Occupation Waiter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Ida Pollack M.D.

Address, 1030 McCulloh St

Remarks,

845000 1217

Wm. J. C. Dulany Co., City Printers and Stationers

Months, and shall set forth such as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 7-25-58

RETURN OF A BIRTH.

63377

CERTIFICATE CORRECTED 1-22-53

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

~~Name of Child: Anna Catherine Herget~~ 1st Twin

Name of Child: Catherine Herget - 2nd Twin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Twin.

1. Sex, (state whether male or female) Females.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 3, 1895
4. Place of Birth, (Street and Number) 621 Gartner Ave
5. Full Name of Mother, ~~Margaret~~ Herget
6. Mother's Maiden Name, Bengel
7. Mother's Birthplace Balto.
8. Full Name of Father, ~~Anthony~~ Herget
9. Father's Occupation Cartage Driver.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L Dunagan

Address, 524 Canton Ave

Remarks,

1895 0001218

Wm. J. C. Dulany Co,. City Printers and Stationers.

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female Jean Marie 2/11/20 a.d.J.
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb. 3rd 1895
4. Place of Birth, (Street and Number) 1513 Eutaw St
5. Full Name of Mother, Rosa Kilduff
6. Mother's Maiden Name, Rosa Fortmann
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Bernard J. Kilduff
9. Father's Occupation Printer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Müller

Address, 1600 Holbrook St

Remarks,

8 4 5 0 0 0 1 2 1 9

Each correction of its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

over

RETURN OF A BIRTH. 63379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: ~~Levin~~ E. Jones

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 3, 1945
4. Place of Birth, (Street and Number) No. 1104 E. Lanvale St.
5. Full Name of Mother, Elizabeth A. Jones.
6. Mother's Maiden Name, Elizabeth A. Robinson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Levin K. Jones.
9. Father's Occupation Policeman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, Reported by request.

Wm. J. C. Dulany Co., City Printers and Stationers.

B 45 U 001 220

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63381

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 3/95

4. Place of Birth, (Street and Number) 704 Hanover St

5. Full Name of Mother, Margaret Catherine Speckels

6. Mother's Maiden Name, " " Miller

7. Mother's Birthplace, Baltimore Maryland

8. Full Name of Father, Charles Richard Speckels

9. Father's Occupation Carpenter

10. Father's Birthplace, Montgomery County Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs Munch Midwife

Address, 20 Lexington St

Remarks,

8 4 5 0 0 0 1 2 2 1

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63381

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 3rd 1896
4. Place of Birth, (Street and Number) 330 W 21st St
5. Full Name of Mother, Susan Bakeley
6. Mother's Maiden Name, Susan Smith
7. Mother's Birthplace, Maryland
8. Full Name of Father, Robert Bakeley
9. Father's Occupation, Fireman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo H Everhardt MD

Address, 117 W 20th St

Remarks,

8950001222

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 63582

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Feb 3 1895

4. Place of Birth, (Street and Number) 1349 Whatcoat St

5. Full Name of Mother, Mary Hall

6. Mother's Maiden Name, Mary Randall

7. Mother's Birthplace, Annarundel County

8. Full Name of Father, Charles Hall

9. Father's Occupation Laboring

10. Father's Birthplace, Calvert County

Name of Medical Attendant, or other person who makes this Return, Mrs Sarah Rawlins

Address, 1610 Vincent St.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

8950001223

RETURN OF A BIRTH. 63383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 [redacted]

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb 3 1915
4. Place of Birth, (Street and Number) 1349 Whatcoat Street
5. Full Name of Mother, Mary Hall
6. Mother's Maiden Name, Mary Randall
7. Mother's Birthplace, Annarundel County
8. Full Name of Father, Charles Hall
9. Father's Occupation Laboring
10. Father's Birthplace, Calvert County

Name of Medical Attendant, or other person who makes this Return, Mrs Sarah Rawlins

Address, 1610 Vincent St

Remarks,

8950001224

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 63384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White.
3. Date of Birth, February 3, 1895.
4. Place of Birth, (Street and Number) 522 Oliver Place.
5. Full Name of Mother, Mary Florence Sharpe
6. Mother's Maiden Name, Walton.
7. Mother's Birthplace, Md.
8. Full Name of Father, Daniel S. Sharpe.
9. Father's Occupation, Plasterer.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chesapeake ave.

Remarks,

(been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8950001225

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 6 3385

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Feby 3/95
4. Place of Birth, (Street and Number) Free Lying-in Hospital 622 W Lombard
5. Full Name of Mother, Catherine Neal
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Harry F. Arthur MD

Address, 622 W Lombard St Jr Resident Phys

Remarks,

1895000122 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 4.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Feb'y 4 — 1895
4. *Place of Birth, (Street and Number)* 325 S. Dallas St.
5. *Full Name of Mother,* Addi Cannan
6. *Mother's Maiden Name,* Brooks
7. *Mother's Birthplace,* Mount Vernon Va
8. *Full Name of Father,* Charles Cannan
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Mount Vernon

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address 1427 E. Pratt St.

Remarks,

1895 U 001227

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 63387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb. 4 1895
4. Place of Birth, (Street and Number) 809 Stiles St
5. Full Name of Mother, Katharina Rose
6. Mother's Maiden Name, Zita
7. Mother's Birthplace, Italia
8. Full Name of Father, Frank Rose
9. Father's Occupation Laborer
10. Father's Birthplace, Italia

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8950001228

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 63388

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb. 4 1895
4. Place of Birth, (Street and Number) 1147 E. Lombart St.
5. Full Name of Mother, Kate Klein
6. Mother's Maiden Name, Huth
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William A. Klein
9. Father's Occupation Printer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8950001229

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED 9-9-59

RETURN OF A BIRTH. 63389

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.) William Edward ~~Miles~~ Miles Third Child

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 4th 1895
4. Place of Birth, (Street and Number) 1034 Hanover St
5. Full Name of Mother, Catherine Dorothy Miles
6. Mother's Maiden Name, " " Pfeil
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William Edward Miles Jr
9. Father's Occupation Foundryman
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, ~~Catherine Pfeil~~

Address, ~~1034~~ 1034 Hadenhall St.

Remarks,

1895 0 0 0 1 2 3 0

Wm. J. C. Dulany Co,. City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 63390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Mulatto
3. Date of Birth,	February 4 - 1895
4. Place of Birth (Street and Number),	838 Tyson St
5. Full Name of Mother,	Maria Manning
6. Mother's Maiden Name,	
7. Mother's Birthplace,	
8. Full Name of Father,	Charles Manning
9. Father's Occupation,	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return.	Edwin K. Ballard M.D.
Address,	
Remarks,	

8 4 5 U 0 0 1 2 3 1

and shall set forth as far as the same can be ascertained the full name of each child, the sex, and name to be ferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Baltim e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 63391

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

21

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 5 - 1895
4. Place of Birth, (Street and Number) Fairmont Ave.
5. Full Name of Mother, Ernestina Wiskeman
6. Mother's Maiden Name, Wagner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Wiskeman
9. Father's Occupation Cabinet Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Fort Av.

Remarks,

8950001232

been entered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH 63392

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

1. *Sex, (state whether male or female)* female

2. *Race or color, (if not of the white race)* white

3. *Date of Birth,* Feb 5th '12

4. *Place of Birth, (Street and Number)* 3110 Yorkwood

5. *Full Name of Mother,* Elizabeth Nicodemus

6. *Mother's Maiden Name.* Elizabeth Zorickson

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John J. Nicodemus

9. *Father's Occupation,* Commission Business

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr Ahrens

Address, [illegible]

Remarks,

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

8450001233

RETURN OF A BIRTH. 63393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Feb. 5/95
4. *Place of Birth, (Street and Number)* 222 Pearl St.
5. *Full Name of Mother,* Mary Smith
6. *Mother's Maiden Name,* Mary Smith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Smith
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Ida Pollack M.D.

Address, 1030 McCulloh Street

Remarks,

8 9 5 0 0 0 1 2 3 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 63394

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 5th 1895
4. *Place of Birth, (Street and Number)* 413 N 24th St
5. *Full Name of Mother,* Sarah Draper
6. *Mother's Maiden Name,* Sarah Cooper
7. *Mother's Birthplace,* Maryland
8. *Fult Name of Father,* Emanuel Draper
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Penn

Name of Medical Attendant, or other person who makes this Return, G H Everhart M D

Address, 100 N 15th St

Remarks,

1875000001235

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 63395

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female).* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 5th 1895
4. *Place of Birth, (Street and Number)* 413 N 24th St
5. *Full Name of Mother,* Sarah Cooper
6. *Mother's Maiden Name,* Sarah Cooper
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Emanuel Cooper
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Penn

Name of Medical Attendant, or other person who makes this Return, G H Eberhart M.D.

Address, 400 N 26 St

Remarks,

8 9 5 0 0 0 1 2 3 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 63396

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feby 5/95
4. *Place of Birth, (Street and Number)*	Fell Lying in Hospital 622 W Lombard
5. *Full Name of Mother,*	Virginia Brown
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return	Harry St Arthur M.D.
Address,	622 W Lombard St. Reed Phys.
Remarks,	

8950001237

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black.

3. Date of Birth, July 5 1901

4. Place of Birth, (Street and Number) Fully living in Hospital 622 W Lombard

5. Full Name of Mother, Mary Young

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return Harry N. Arthur MD

Address, 622 W Lombard St Jr Resd Phys

Remarks,

1 8 9 5 0 0 0 1 2 3 8

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 4/20/49

RETURN OF A BIRTH. 63398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th "

1. Sex, (state whether male or female) Female HAZEL ELIZABETH MEUSHAW
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 6-95
4. Place of Birth, (Street and Number) 1635 E Fayette St
5. Full Name of Mother, Mrs ~~Addie~~ ADDIE FOSTER MEUSHAW
6. Mother's Maiden Name, "ADDIE" FOSTER
7. Mother's Birthplace, Balto
8. Full Name of Father, Russell Meushaw MEUSHAW
9. Father's Occupation Engraver
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, E. E. Ullman

Address, Union Square

Remarks,

1895000239

The Commissioner of Health shall cause to be printed blank forms of schedules for the return of births, which shall require the name, sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 6th 1895

4. Place of Birth, (Street and Number) 1214 Argyle Ave

5. Full Name of Mother, Ida Jarrett

6. Mother's Maiden Name, " " Minnich

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Captain Engineer

9. Father's Occupation

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mc Minn Md

Address, 216 N. Schroeder St

Remarks,

18950001240

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 6th 95
4. *Place of Birth, (Street and Number)* 216 Emory St
5. *Full Name of Mother,* Katie Ruth
6. *Mother's Maiden Name,* Shamberg
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Geo. H Ruth
9. *Father's Occupation* Lighting Rod Worker
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Wm Alumis Phy

Address,

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 63401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February the 6 - 18-95
4. *Place of Birth, (Street and Number)*	No Gilmor St No 2-43
5. *Full Name of Mother,*	Mary J and Wallace
6. *Mother's Maiden Name,*	Mary J Lawson
7. *Mother's Birthplace,*	Cumberland Md
8. *Full Name of Father,*	George H wallace
9. *Father's Occupation*	Barrister
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs S Kelly
Address,	No 19-22 Milton Av
Remarks,	

8 9 5 0 0 0 1 2 4 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63402

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Feby 6/95
4. *Place of Birth, (Street and Number)* Full Term in Hospital, Boyd Lane
5. *Full Name of Mother,* Gertrude Smith
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant or other person who makes this Return, Harry St Arthur MD

Address, 622 N Lombard St Dr. Reed, Phys.

Remarks,

18950001243

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63403

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, 1 Feby 7/95
4. Place of Birth, (Street and Number) Fred Lyons Hospital, 622 W Fayette
5. Full Name of Mother, Alice Webb
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Harry H. Arthur MD

Address, 622 W Fayette. Dr Resident Phy

Remarks,

+ 8950001244

Wm. J. C. Dulany Co., City Printers and Stationers.

Said Commissioner shall enter the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63404

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 7/91
4. *Place of Birth, (Street and Number)*	Free Lying in Hospital 622 W Lombard
5. *Full Name of Mother,*	Agnes Duffy
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	Harry P. Arthur MD
Address,	622 W Lombard St Res't Phys.
Remarks,	

8 9 5 0 0 0 1 2 4 5

Wm. J. C. Dulany Co., City Printers and Stationers.

63405

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby 7th 4
4. Place of Birth, (Street and Number) 404 S Conkling St.
5. Full Name of Mother, Mary L. Schull.
6. Mother's Maiden Name, Mary L Schull
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Theo. Barton
9. Father's Occupation, Employment Bureau
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Barton Trew M.D.

Address, 409 N. Conkling st

Remarks, 8 Y 5 0 0 0 1 2 4 6

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 63406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6L

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 7.

4. Place of Birth, (Street and Number) 113 E Hughes st

5. Full Name of Mother, Annie Kelly

6. Mother's Maiden Name, Annie Kirkwood

7. Mother's Birthplace, City

8. Full Name of Father, Luke Kelly

9. Father's Occupation, machinist

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, J C Bunch MD

Address, 571 Hanover st

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 5 0 0 0 1 2 4 7

RETURN OF A BIRTH. 63407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 7 / 95
4. Place of Birth, (Street and Number) 219 Duncan alley
5. Full Name of Mother, Mary Beauman
6. Mother's Maiden Name, Mary Risinger
7. Mother's Birthplace, Balto
8. Full Name of Father, Lenard Beauman
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary E. Geary

Address, 1903 Gough St

Remarks,

8950001248

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63408

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3.
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	7th of February 95
4. *Place of Birth, (Street and Number)*	1820 Mc Henry St
5. *Full Name of Mother,*	Mina Hube
6. *Mother's Maiden Name,*	Mina Keleta
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Ernst Hube
9. *Father's Occupation*	Machinist
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Friederike Keuler Midwife
Address,	216 West Pratt St
Remarks,	

1 8 9 5 0 0 0 1 2 4 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 63409

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	Feb 7/95
4.	*Place of Birth, (Street and Number)*	310 Clay St
5.	*Full Name of Mother,*	Annie McSorley
6.	*Mother's Maiden Name,*	Annie McGaudy
7.	*Mother's Birthplace,*	Ireland
8.	*Full Name of Father,*	John McSorley
9.	*Father's Occupation,*	Driver
10.	*Father's Birthplace,*	Ireland
	Name of Medical Attendant, or other person who makes this Return,	Bridget O Hayer
	Address,	924 Hollins St
	Remarks,	

1895000 1250

WM J C DULANY CO CITY PRINTERS AND STATIONERS

Each contained his sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 6 3410

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* February 7, 1895.
4. *Place of Birth, (Street and Number)* 30 Clipper ave.
5. *Full Name of Mother,* Amelia Bounds.
6. *Mother's Maiden Name,* Ford.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Dennis Bounds.
9. *Father's Occupation* Cotton Mill operative.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return Chas H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, —

been corrected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8950001251

RETURN OF A BIRTH. 63411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feby 8.
4. *Place of Birth, (Street and Number)* 1311 Hanover st
5. *Full Name of Mother,* Annie Eagan
6. *Mother's Maiden Name,* " Daily
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Thos Eagan
9. *Father's Occupation* Fireman
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, J. C. Burch M.D.

Address, 571 Hanover

Remarks,

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

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RETURN OF A BIRTH. 63412

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Feby 8th 1895
4. *Place of Birth, (Street and Number)* # 524 N Spring St
5. *Full Name of Mother,* Martha Campbell
6. *Mother's Maiden Name,* Martha Jolas
7. *Mother's Birthplace,* St Marys Co Md
8. *Full Name of Father,* Robert Campbell
9. *Father's Occupation* Brick yard
10. *Father's Birthplace,* Lancaster Co Va

Name of Medical Attendant, or other person who makes this Return, Rebecca Murray

Address, 1412 Jefferson St Balt City Md

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 5 0 0 0 1 2 5 3

RETURN OF A BIRTH. 63413

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	February 8, 1896.
4. *Place of Birth, (Street and Number)*	302 Carroll st.
5. *Full Name of Mother,*	Mary Catherine Edrington.
6. *Mother's Maiden Name,*	Booker.
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	John Barton Edrington.
9. *Father's Occupation*	Laborer.
10. *Father's Birthplace,*	Va.
Name of Medical Attendant, or other person who makes this Return.	Chas. H. Mitchell M.D.
Address,	291 Chestnut ave.
Remarks,	———

Wm. J. C. Dulany Co., City Printers and Stationers.

8950001254

RETURN OF A BIRTH. 63414

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 4th

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) Colored
3. *Date of Birth,* Feb 8th 1895
4. *Place of Birth,* (*Street and Number*) 215 N. Amity-St
5. *Full Name of Mother,* Annie Young
6. *Mother's Maiden Name,* Riley
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Andrew Young
9. *Father's Occupation* Street Paver
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Dr. Minnie Leaf

Address, 206 N. Schroder St

Remarks,

8950001255

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 63415

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 8th 1895
4. Place of Birth, (Street and Number) 1069 W. Lexington St
5. Full Name of Mother, May E. Yeager
6. Mother's Maiden Name, Downs
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Edward L. Yeager
9. Father's Occupation Decorator
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Miss Minnie Lay

Address, 206 N. Schroeder St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8 Y 5 0 0 0 1 2 5 6

RETURN OF A BIRTH. 63416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) X IIII

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Febr. 8/95
4. Place of Birth, (Street and Number) 2001 Eastern Ave.
5. Full Name of Mother, Louisa Johnson
6. Mother's Maiden Name, " Zimmerman
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Johnson
9. Father's Occupation Captain
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

8950001257

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 63417

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb. 8
4. Place of Birth, (Street and Number) 2, E. Hill st
5. Full Name of Mother, Mary Theresa McKew
6. Mother's Maiden Name, Mary Lavender
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Michael McKew
9. Father's Occupation Police Officer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Catherine Manuche

Address, [illegible] Caulenall St

Remarks,

T 895U0021258

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) XII

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Febr. 8/95
4. Place of Birth, (Street and Number) 419 S. Collington Ave.
5. Full Name of Mother, Mary Cisbert
6. Mother's Maiden Name, " Zinser
7. Mother's Birthplace, Balto.
8. Full Name of Father, Alexander Cisbert
9. Father's Occupation Backer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough Ste.

Remarks,

1 8 9 5 U 0 0 1 2 5 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 63419

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female,
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 8 1895
4. Place of Birth, (Street and Number) 217 President St.
5. Full Name of Mother, Mary Kallhoff
6. Mother's Maiden Name, Satooka
7. Mother's Birthplace, Germany
8. Full Name of Father, Adam Kallhoff
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 429 E. Heath St.

Remarks,

1 8 9 5 0 0 0 1 2 6 0

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 63420

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb. 8 1895
4. Place of Birth, (Street and Number) 308 President St.
5. Full Name of Mother, Virgenza Schiado
6. Mother's Maiden Name, Saric
7. Mother's Birthplace, Italy
8. Full Name of Father, Antonio Schiado
9. Father's Occupation Laborer
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8950001261

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 63421

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth. Feby 1st 94

4. Place of Birth, (Street and Number) Free Lying in Hospital 6122 Lombard

5. Full Name of Mother, Mary Christian

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return Harry H. Arthur MD

Address, 6122 N Lombard St Dr Reid Phys

Remarks,

1895000 1262

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63422

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 5 95

4. Place of Birth, (Street and Number) 622 Lombard St

5. Full Name of Mother, Sarah Bain

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Harry H Arthur MD

Address, 622 N Lombard

Remarks, J Reed Kay

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1895 0001263

RETURN OF A BIRTH. 63423

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4th of February 95
4. *Place of Birth, (Street and Number)* 2233 Frederick Road.
5. *Full Name of Mother,* Mile Hoelber
6. *Mother's Maiden Name,* Mile Scriba
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wiliam Hoelber
9. *Father's Occupation* Clerg
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Heuler, Midwife

Address, 211 West Pratt St

Remarks,

8750001264

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63424

GIVEN NAME ADDED 7/1/60

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

Name: Mary N. Saunders

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 9 1895
4. Place of Birth, (Street and Number) 124 S. Carey St
5. Full Name of Mother, Sarah Saunders
6. Mother's Maiden Name, " Hendricks
7. Mother's Birthplace, Queen Anne Co. Md.
8. Full Name of Father, Joseph T. Saunders
9. Father's Occupation, Ice driver Oyster & Cochman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, M. J. Keenan

Address, 1313 W. Baltimore St

Remarks, Living child (now named)

8950001265

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63425

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th (fourth)

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 9th of February

4. Place of Birth, (Street and Number) Ridgely Street 1 y. 1151

5. Full Name of Mother, Anna Kunigunde Roecke

6. Mother's Maiden Name, Hildebrandt

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Louis Wilhelm Felix Oscar Roecke

9. Father's Occupation Artist

10. Father's Birthplace, Braunschweig Germany

Name of Medical Attendant, or other person who makes this Return, M. Barge

Address, 711 W. Cross St

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8950001266

RETURN OF A BIRTH. 63426

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, February 9, 1895.
4. Place of Birth, (Street and Number) 510 Rutland ave.
5. Full Name of Mother, Eliza Kate Bolt.
6. Mother's Maiden Name, Benson.
7. Mother's Birthplace, Md.
8. Full Name of Father, William Henry Bolt.
9. Father's Occupation Blacksmith.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, —

been completed, and signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8950001267

RETURN OF A BIRTH. 6345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Geboren February 9 / 95
4. *Place of Birth, (Street and Number)* Thames str. No 1635.
5. *Full Name of Mother,* Zuzanna Tuchowiak
6. *Mother's Maiden Name,* Son Andrzeszkiewicz
7. *Mother's Birthplace,* Poland.
8. *Full Name of Father,* Frank Andrzeszkiewicz
9. *Father's Occupation,* Dockland
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Agnes Todolna.

Address, Thames str. No 1635

Remarks, ...

8 9 5 0 0 0 1 2 6 8

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-13-58

RETURN OF A BIRTH. 63428

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mabel Marie ~~Disney~~

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 9 1895
4. Place of Birth, (Street and Number) 340 S Sodge St
5. Full Name of Mother, Mary Disney
6. Mother's Maiden Name, Mary Adkerson
7. Mother's Birthplace, Virginia
8. Full Name of Father, William Disney
9. Father's Occupation, Brick Layer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary E. Fougay

Address, 1903 Gough St

Remarks,

8950001269

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63429

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Feb. 10th 1895
4. *Place of Birth, (Street and Number)* 740 Pierce St
5. *Full Name of Mother,* Lizzie Talbot
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Talbot
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Ida Pollack M.D.

Address, 1030 W. Fulton St

Remarks,

8 4 5 0 0 0 1 2 7 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 11-25-58

RETURN OF A BIRTH. 63430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edward Russell ~~Myers~~ Myers

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII. p.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Febr. 10. (2, 15. A. M.), 1895
4. Place of Birth, (Street and Number) 220 E. Hamburg str.
5. Full Name of Mother, Ida Rebecca Myers.
6. Mother's Maiden Name, Myers.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Charles Robert Myers.
9. Father's Occupation, Brushmaker.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kanne from the

Address, Mothers Relief Society 961 Milton Place.

Remarks,

8 9 5 0 0 0 1 2 7 1

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63431

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

4

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 10 1896
4. Place of Birth, (Street and Number) 314 S. Eden st.
5. Full Name of Mother, Mary Georgei
6. Mother's Maiden Name, Schick
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Ernest Georgei
9. Father's Occupation Machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 427 E. Fratt st.

Remarks,

1895 0001272

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 63432

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Joseph McDonald

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 10 1895

4. Place of Birth, (Street and Number) 914 Chesapeake St

5. Full Name of Mother, Catherine Veronica

6. Mother's Maiden Name, McKale

7. Mother's Birthplace, City

8. Full Name of Father, William Thomas McDonald

9. Father's Occupation Boiler Maker

10. Father's Birthplace, U. S. A.

Name of Medical Attendant, or other person who makes this Return, E. Goodman M.D.

Address, 1114 Chesapeake St

Remarks,

1895000127 3

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 63433

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 10 1895.
4. Place of Birth, (Street and Number) 1814 N. Eager St.
5. Full Name of Mother, Emma Butner
6. Mother's Maiden Name, Emma Hellack.
7. Mother's Birthplace, Germany
8. Full Name of Father, Chas. Butner
9. Father's Occupation Restaurant.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Guy A. Elwell M.D.

Address, 1941 Harford ave.

Remarks,

1895000274

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 63434

GIVEN NAME ADDED 2-4-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Bernhardt Frederick

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	10th of February 95
4. *Place of Birth, (Street and Number)*	62 Brevins Lane
5. *Full Name of Mother,*	Johana Röhmann
6. *Mother's Maiden Name,*	Johana Rame
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Leonhardt Röhmann
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Bowles Midwife
Address,	216 West Pratt St
Remarks,	

8 7 5 0 0 0 1 2 7 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63435

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb the 11
4. Place of Birth, (Street and Number) Balto City 855 Reinhardt St
5. Full Name of Mother, Caroline Grise
6. Mother's Maiden Name, Caroline Killzmann
7. Mother's Birthplace, Balto City
8. Full Name of Father, John H. F Grise
9. Father's Occupation Porter
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 N. Grand ave

Remarks,

8 9 5 0 0 0 1 2 7 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63436

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 11, 1895
4. *Place of Birth, (Street and Number)* 533 W. Lee
5. *Full Name of Mother,* Sarah E. Martin.
6. *Mother's Maiden Name,* Sarah E. Burnett
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John F. Martin.
9. *Father's Occupation,* Brick Layer.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke, M.D.

Address, 914 W. Lanvale St

Remarks,

0 9 5 0 0 0 1 2 7 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 63437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February The 11. 1895
4. Place of Birth, (Street and Number) 213 Cedar avenue
5. Full Name of Mother, annie E. Blucher
6. Mother's Maiden Name, Gosnell
7. Mother's Birthplace, Baltimore Co Md
8. Full Name of Father, Edwin E. Blucher
9. Father's Occupation Meter Prover
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mary a. Martin

Address, 2504 Cedar avenue

Remarks,

8 5 0 0 0 1 2 7 8

been entered, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63438

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 11th Feb 1895
4. *Place of Birth, (Street and Number)* 1240 Riverside Ave
5. *Full Name of Mother,* Henrietta Metzler
6. *Mother's Maiden Name,* Feuerstein
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Metzler
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Washington D.C.

Name of Medical Attendant, or other person who makes this Return. Elizabeth Gerwell

Address, 436 E Fort Ave

Remarks,

been committed) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 63439

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edna Margaret ~~Chase~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby 11 1895
4. Place of Birth, (Street and Number) 312 Hudson
5. Full Name of Mother, Mary Elizabeth Wright
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Md.
8. Full Name of Father, John T. Chase
9. Father's Occupation Ship Smith
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, E. Freiman MD

Address, GIVEN NAME ADDED 7-9-53 1114 Shamrock Ave

Remarks, h. & w.

8450001280

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereof, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st "
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 11th 1895
4. *Place of Birth, (Street and Number)*	St. Vincents Infant Asylum
5. *Full Name of Mother,*	Maggie Talbe
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Not known
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	A. L. Davis M. D.
Address,	600 North Ave.
Remarks,	

8 9 5 U 0 0 0 1 2 8 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Feb. 12, 1895
4. Place of Birth, (Street and Number) 2209 Druid Hill Ave.
5. Full Name of Mother, Sarah Jane Curley
6. Mother's Maiden Name, Holden
7. Mother's Birthplace, N. Y.
8. Full Name of Father, James Albert Curley
9. Father's Occupation Salesman
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, G. Lane Taneyhill

Address, 1103 Madison Ave.

Remarks,

8950001282

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63442

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 12 th Feb 1895
4. Place of Birth, (Street and Number) 1119 Riverside Ave
5. Full Name of Mother, Elizabeth Gillespie
6. Mother's Maiden Name, Dungan
7. Mother's Birthplace, Ohio
8. Full Name of Father, Robert Gillespie
9. Father's Occupation, Laborer
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, Elizabeth Agnew

Address, 436 E Fort Ave

Remarks,

0 4 5 0 0 0 1 2 8 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Each birth connected with its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63443

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 ter

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12th February 95

4. Place of Birth, (Street and Number) 404 Lituski St

5. Full Name of Mother, Rose Rehmert

6. Mother's Maiden Name, Rose Weise

7. Mother's Birthplace, Balto

8. Full Name of Father, Carl A Rehmert

9. Father's Occupation Painter

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 2114 West Pratt St.

Remarks,

8950001284

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63444

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 St

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 12th 1895
4. *Place of Birth, (Street and Number)* 139 Hanburg St
5. *Full Name of Mother,* Mary Higgins
6. *Mother's Maiden Name,* Mary E Silliman
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father.* Chas E Higgins
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, G H Hammerbacher MD

Address, 1134 Lancaster St

Remarks,

1895 0001285

Wm. J. C. Dulany Co., City Printers and Stationers.

been concerted) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63445

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d.

1. Sex, (state whether male or female) Charles P Blankenship

2. Race or Color, (if not of the white race)

3. Date of Birth, Febr. 13 1926 12, 30. A. M.

4. Place of Birth, (Street and Number) William street

5. Full Name of Mother, Virginie Gertrud Blankenship.

6. Mother's Maiden Name, Irvine,

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, William Albert Blankenship.

9. Father's Occupation Tanmaker,

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs M. Kane, for the

Address, Mother Relief Society 961 Wilson Place

Remarks, Full name of mother added upon applying for transcript. Virginie Blankenship. Mc Donald

Reg. June 6-1926.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 63446

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) —
3. Date of Birth, Feby. 12th 1895
4. Place of Birth, (Street and Number) 1916 Pulyson St. City
5. Full Name of Mother, Martha Carrie Jakee
6. Mother's Maiden Name, Martha Carrie Werner
7. Mother's Birthplace, Hamburg Germany
8. Full Name of Father, Jerome Hudson Jakee
9. Father's Occupation, Hardware Merchant
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, J. Zepp M.D.

Address, N.E. Cor North Ave and Ninth St.

Remarks,

1895 U 00 1287

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RETURN OF A BIRTH 63447

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feby. 12th 1895.
4. *Place of Birth, (Street and Number)*	1924 Pulaski St.
5. *Full Name of Mother,*	Lilian Dean Sheehan
6. *Mother's Maiden Name,*	Lilian Dean Eberly
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Harry Vincent Sheehan
9. *Father's Occupation,*	Steam Fitter
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	J. Zapp M.D.
Address,	N. Eben. North and 4 Ninth St.
Remarks,	

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 63448

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 12th 1895

4. Place of Birth, (Street and Number) 894 N Baltimore St

5. Full Name of Mother, Maria Henriet

6. Mother's Maiden Name, " " Detring

7. Mother's Birthplace, Germany

8. Full Name of Father, Richard G Hennet

9. Father's Occupation, Bar Tender

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Maria Hennet Gdf

Address, 206 N. Schroder St

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Feb. 13, 1895
4. Place of Birth, (Street and Number) 1101 Brighton St
5. Full Name of Mother, Carrie Lafayette Gibbs
6. Mother's Maiden Name, Carrie Gibbs
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Charles Lafayette
9. Father's Occupation Waiter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Louis Exton M.D. Medical Chi

Address, Maternity Dept Provident Hospital 1101 N Gilmor St

Remarks,

9950001290

Wm. J. C. Dulany Co., City Printers and Stationers

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 1-16-52

RETURN OF A BIRTH. 63450

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Anna ~~Marie~~ Booth

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 13, 1895
4. Place of Birth, (Street and Number) 2319 Madison St.
5. Full Name of Mother, Emma Booth
6. Mother's Maiden Name, Emma Timmons
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Booth
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Dr. Geo. L. Wayne

Address, 824 Madison St.

Remarks,

9950001291

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 63451

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 13, 1895.
4. Place of Birth, (Street and Number) No. 962 N. Bond St
5. Full Name of Mother, Maria Wilbacher
6. Mother's Maiden Name, Maria Fickle
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward Wilbacher
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Guy A. Colwell M.D.

Address, 1741 Hanford ave

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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Over

RETURN OF A BIRTH. 63452

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Feb. 13 1895

4. Place of Birth, (Street and Number) 111 S. Chester St.

5. Full Name of Mother, Mary Rafferty

6. Mother's Maiden Name, Lovett

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James H. Rafferty

9. Father's Occupation Harness - Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks, Full name of child - Edward Rafferty

9950001293

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 63453

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 13/95
4. Place of Birth, (Street and Number) 512 S Regester St
5. Full Name of Mother, Mary Baltzer
6. Mother's Maiden Name, Mary Funk
7. Mother's Birthplace, Balto
8. Full Name of Father, Michael Baltzer
9. Father's Occupation, Laborer
10. Father's Birthplace, Harford Co

Name of Medical Attendant, or other person who makes this Return, Mary E. Dougy

Address, 1903 South St

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 63454

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feb 13-95
4. *Place of Birth, (Street and Number)*	1223 N Chester
5. *Full Name of Mother,*	Agnes Dudrow
6. *Mother's Maiden Name,*	" Eagan
7. *Mother's Birthplace,*	Va
8. *Full Name of Father,*	John C. Dudrow
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Va
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	1438 N Bond St
Remarks,	

Wm. J. C. Dulany Co., City Printers and Stationers.

9950001295

RETURN OF A BIRTH. 63455

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first
third day of each and every month to the office of the Commissioner of Health. In case the birth of any chi
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colorde
3. *Date of Birth,*	Febuary 13th 1895
4. *Place of Birth, (Street and Number)*	Low St No 11.45
5. *Full Name of Mother,*	Margret Joyner
6. *Mother's Maiden Name,*	Margret Blanton
7. *Mother's Birthplace,*	Tappahannock Co. Va
8. *Full Name of Father,*	George Joyner
9. *Father's Occupation*	Restorant
10. *Father's Birthplace,*	Accomack Co. Va
Name of Medical Attendant, or other person who makes this Return.	Mrs. Rebecca Muncy
Address,	#1412 Jefferson St
Remarks,	

2950001296

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63456

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* September 14, 1895
4. *Place of Birth, (Street and Number)* 524 Monument East.
5. *Full Name of Mother,* Kate C. Bien
6. *Mother's Maiden Name,* Kate Dunn
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Peter C. Bien
9. *Father's Occupation* Tinner
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Chas. F. Dunn

Address, 524 E. Monument St.

Remarks,

1995000012997

Wm. J. C. Dulany Co,. City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 a.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb. 14 / 2, 30. P. M.
4. Place of Birth, (Street and Number) 232 Parkin Str.
5. Full Name of Mother, Elizabeth Pedrieard.
6. Mother's Maiden Name, Doidy.
7. Mother's Birthplace, New York.
8. Full Name of Father, William Henry Pedrieard.
9. Father's Occupation, Artist.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Rause for

Address, the Mothers Relief Society, 961. Hilton

Remarks, Place.

9950001298

Wm. J. C. Dulany Co., City Printers and Stationers.

been entered, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-27-52

RETURN OF A BIRTH 63458

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ruby Elliott Seiders

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Girl
2. Race or Color, (if not of the white race)	
3. Date of Birth,	July. 14th 1895
4. Place of Birth, (Street and Number)	Blooming Gate Road Catonsville
5. Full Name of Mother,	Ella Seiders
6. Mother's Maiden Name,	Ella Hemph
7. Mother's Birthplace,	Frederick Co Md
8. Full Name of Father,	John Seiders
9. Father's Occupation,	Planter
10. Father's Birthplace,	Baltimore City Md.
Name of Medical Attendant, or other person who makes this Return.	J. Zepp M. D.
Address,	N. E. Cor Fulton Ave. and Ninth St
Remarks,	

month, the same to be certified to the Registrar of Vital Statistics, Board of Health, Baltimore City, by the person who shall have been in attendance upon the mother, immediately thereafter, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 63459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb - 14 - 95
4. Place of Birth, (Street and Number) 1720 Harford ave
5. Full Name of Mother, Hara. Nugent
6. Mother's Maiden Name, " Winkler
7. Mother's Birthplace, Balto
8. Full Name of Father, Thomas Nugent
9. Father's Occupation, Gasfitter
10. Father's Birthplace, New Orleans

Name of Medical Attendant, or other person who makes this Return, Miss Mary A Allwell

Address, 1438 N. Bond St

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1995 0001300

GIVEN NAME ADDED 10-13-54

RETURN OF A BIRTH. 63460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Albert Meek

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 14 — 1895
4. Place of Birth, (Street and Number) 1422 Eastern Ave.
5. Full Name of Mother, Louise Meek
6. Mother's Maiden Name, Hartung
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm Meek
9. Father's Occupation Can Maker
10. Father's Birthplace, Washington D C

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address 427 E. Pratt St.

Remarks,

9950001301

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 63461

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Geborn February 14. / 95
4. *Place of Birth, (Street and Number)* Lizarn str. № 809.
5. *Full Name of Mother,* Helena Kowalska.
6. *Mother's Maiden Name,* Son Zatenshi
7. *Mother's Birthplace,* Poland.
8. *Full Name of Father,* Ignacy Zatenshi
9. *Father's Occupation,* Ruzland
10. *Father's Birthplace,* Poland.

Name of Medical Attendant, or other person who makes this Return. Agnes Hodolna.

Address, Thames St. № 1635.

Remarks, Sept.

Wm J C. Dulany Co., City Printers and Stationers.

1995 0001302

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63462

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	14th Feb
4. *Place of Birth, (Street and Number)*	Pinckney st
5. *Full Name of Mother,*	Augusta Klein
6. *Mother's Maiden Name,*	Schmidt
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	August Klein
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Bange
Address,	711 Cross st
Remarks,	

1995000130 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63463

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14th February
4. Place of Birth, (Street and Number) No 62 Hartford Ave
5. Full Name of Mother, Mary Travers
6. Mother's Maiden Name, " " Kaiser
7. Mother's Birthplace, Germany
8. Full Name of Father, John Travers
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Burns

Address, 1600 N. Chester St Balto

Remarks,

9 9 5 0 0 0 1 3 0 4

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RETURN OF A BIRTH. 63464

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 14 Jan 1892
4. Place of Birth, (Street and Number) 14 Jan 1892
5. Full Name of Mother, 1006 Bayard St
6. Mother's Maiden Name, Maria Dunkmiller
7. Mother's Birthplace, Gebsmont
8. Full Name of Father, Germany
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Catherine Minnich

Address, 1006 Lexington St

Remarks,

995000305

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day without the mother, immediately thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63465

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 14. 1895
4. *Place of Birth, (Street and Number)* St. Vincents Dup. Asylum
5. *Full Name of Mother,* Mary Miller
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Not known
9. *Father's Occupation* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return, R. Le Roi Bassi M. D.

Address, 600 N. Aisquith

Remarks,

1995000130 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 63467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 14 1895
4. Place of Birth, (Street and Number) St. Vincents Infant Asylum
5. Full Name of Mother, Kate Hunt
6. Mother's Maiden Name, "
7. Mother's Birthplace, "
8. Full Name of Father, Unknown
9. Father's Occupation "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, R. Le. Rasin M. D.

Address, 600 N. Ave.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 63467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female).* Female
2. *Race or Color, (if not of the white race).*
3. *Date of Birth.* 15th Feb 1895
4. *Place of Birth, (Street and Number)* 516 E Fort Ave
5. *Full Name of Mother.* Ella Kraft
6. *Mother's Maiden Name.* Hoffman
7. *Mother's Birthplace.* Baltimore
8. *Full Name of Father.* John Kraft
9. *Father's Occupation.* Laborer
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Gynell

Address. 436 E Fort Ave

Remarks.

Wm. J. C. Dulany Co., City Printers and Stationers.

9950061308

RETURN OF A BIRTH. 63468

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, February 15, 1895.

4. Place of Birth, (Street and Number) 70 Lewis Alley

5. Full Name of Mother, Annie Dull

6. Mother's Maiden Name, Annie Geyer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Dull

9. Father's Occupation Carter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary E. Lucy

Address, 120 Caroline St.

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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19500013 09

RETURN OF A BIRTH. 63469

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 child
1. Sex, (state whether male or female)	Female child
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Feb. 15.
4. Place of Birth, (Street and Number)	917 Ledenhall
5. Full Name of Mother,	Mrs Mary Fox
6. Mother's Maiden Name,	Mrs Mary Gunternann.
7. Mother's Birthplace,	Balto. Md.
8. Full Name of Father,	John August Fox
9. Father's Occupation	Paper hanger.
10. Father's Birthplace,	Balto. Md.
Name of Medical Attendant, or other person who makes this Return,	Catherine Wunder
Address,	917 Leadenhall St.
Remarks,	

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Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 63440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 15 1895.

4. Place of Birth, (Street and Number) No. 1634 E. Baltimore St.

5. Full Name of Mother, Emma Sturgeon

6. Mother's Maiden Name, Emma Dorsey

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Sturgeon

9. Father's Occupation Bricklayer

10. Father's Birthplace, Carroll Co.

Name of Medical Attendant, or other person who makes this Return, Rue C. Elwell M.D

Address, 1744 Harford Ave

Remarks,

995000131 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

been Collected in its 5 years, the full name of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63471

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February the 15th 18-95
4. *Place of Birth, (Street and Number)* 1 Stricker St No 2-38
5. *Full Name of Mother,* Mary Mc Wilhelm
6. *Mother's Maiden Name,* Mary Mc Higgins
7. *Mother's Birthplace,* Dorchester Co Md
8. *Full Name of Father,* John L Wilhelm
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore Co Md

Name of Medical Attendant, or other person who makes this Return, Mrs J Keller

Address, 1922 Wilkins Ave

Remarks,

9950001312

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63472

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, February 15th 95

4. Place of Birth, (Street and Number) 1005 Woodyear St.

5. Full Name of Mother, Addie Small Wood

6. Mother's Maiden Name, Ballard

7. Mother's Birthplace, Maryland

8. Full Name of Father, John W. Smallwood

9. Father's Occupation Porter

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. William Nowl M. D.

Address, 1304 W. Lafayette Ave.

Remarks,

9950001313

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63473

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female).* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 15th on Feb 1895
4. *Place of Birth, (Street and Number)* 436 Wahnge St
5. *Full Name of Mother,* Annie Lusby
6. *Mother's Maiden Name,* Hunt
7. *Mother's Birthplace,* Kent Co Md
8. *Full Name of Father,* John Lusby
9. *Father's Occupation* Waterman
10. *Father's Birthplace,* Kent Co Md

Name of Medical Attendant, or other person who makes this Return, Elizabeth Yeowell

Address,

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

9950001314

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 63474

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, February, 15. 1895
4. Place of Birth, (Street and Number) 1927 - Edmondson Avenue
5. Full Name of Mother, Laura Purnell Bohannan
6. Mother's Maiden Name, Laura Purcell
7. Mother's Birthplace, Bloomsburg Pennsylvania
8. Full Name of Father, Charles Wilbur Bohannan
9. Father's Occupation, Manufacturer
10. Father's Birthplace, St. Marys County Maryland

Name of Medical Attendant, or other person who makes this Return Alex L. Hodgdon M.D.

Address, 1235 - Lafayette Avenue

Remarks,

9950001315

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 63475

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 15 1895

4. Place of Birth, (Street and Number) 2337 Druid Hill Ave.

5. Full Name of Mother, Mrs David Orrell

6. Mother's Maiden Name, Amelia Lindig

7. Mother's Birthplace, Montgomery Co. Md.

8. Full Name of Father, David Orrell

9. Father's Occupation, Gripman

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. E. Kirk M.D.

Address, 2505 Penna Ave

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH 63476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. *Sex, (state whether male or female)* male
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* Feb 15th
4. *Place of Birth, (Street and Number)* 616 Jefferson St
5. *Full Name of Mother,* Sarah E. Barnett
6. *Mother's Maiden Name.* Sarah E Nolan
7. *Mother's Birthplace,* Baltimore Co,
8. *Full Name of Father,* Alexander J Barnett
9. *Father's Occupation,* Watchman
10. *Father's Birthplace,* Scotland

Name of Medical Attendant, or other person who makes this Return. D. J. Wise

Address, Bradley

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

19500001317

RETURN OF A BIRTH. 63477

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 15.
4. Place of Birth, (Street and Number) 118 Warren av
5. Full Name of Mother, Susie Moore
6. Mother's Maiden Name, McDonnell
7. Mother's Birthplace, Ireland
8. Full Name of Father, S. I. Moore
9. Father's Occupation Pt. Maker
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return, L G Burch M D

Address, 511 Hanover St

Remarks,

0 9 5 0 0 0 1 3 1 8

been Collected, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 63478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female).* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* February 15th 1895
4. *Place of Birth, (Street and Number)* 1110 N. Ottawa St.
5. *Full Name of Mother,* Victoria Trent
6. *Mother's Maiden Name,* Victoria Trent
7. *Mother's Birthplace,* Buckingham, Virginia
8. *Full Name of Father,* Samuel Wilkerson
9. *Father's Occupation* Farm Laborer
10. *Father's Birthplace,* Buckingham Virginia

Name of Medical Attendant, or other person who makes this Return, Louis Cotrell M.D. Resident

Address, Maternity Ward Emergency Hospital

Remarks, 1110 N. Ottawa St.

1995000131 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63479

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female). Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 15 / 91

4. Place of Birth, (Street and Number) Lying in Hospital, 6th & Lombard

5. Full Name of Mother, Mary Rink.

6. Mother's Maiden Name.

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant or other person who makes this Return, Harry H. Arthur M.D.

Address, 622 N. Lombard St, Dr. Resident Phys.

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1995000001320

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 43480

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Feby 15/95
4. Place of Birth, (Street and Number) 704 Wayne St
5. Full Name of Mother, Annie Johnson
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Harry K. Arthur M.D. & Reed & Phyp.

Address, 622 W Lombard St

Remarks,

C45000321

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. #63481

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 15. 1895
4. *Place of Birth, (Street and Number)*	St. Vincents Infant Asylum
5. *Full Name of Mother,*	Lena Clark
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Not known
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	R. Le. Rasin M. D.
Address,	600 North Ave.
Remarks,	

4 7 5 U 0 0 1 3 2 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63482

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 16. 1895
4. *Place of Birth, (Street and Number)* St Vincents Hosp. Asylum
5. *Full Name of Mother,* Stella Huck
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Pa
8. *Full Name of Father,* Not known
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. A. Lee Rasin M.D.

Address, 610 North Avenue

Remarks,

1995 0001323

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63483

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Feby 16/95.
4. Place of Birth, (Street and Number) 720 Sarah Ann St
5. Full Name of Mother, Jennie Knox
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Harry N Arthur MD

Address, 622 N Lombard St Dr Resd Phys

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 63484

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

CERTIFICATE CORRECTED 1/7/44

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 16, 1895
4. *Place of Birth, (Street and Number)* 508 N. Eden.
5. *Full Name of Mother,* Augusta A. (~~Podlich~~) Podlich
6. *Mother's Maiden Name,* Augusta A. Snyder
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* (~~Charles F. Podlich~~ Earl) Podlich
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Theodore Looke, M.D.

Address, 914 N. Charles St.

Remarks, Full name of child - Helen Evelyn Podlich

1995 0001325

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 63485

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2.05 P.M. February 16, 1895.

4. Place of Birth, (Street and Number) 910 Hanover St.

5. Full Name of Mother, Lillie Fetzinger

6. Mother's Maiden Name, Lillie Brueck

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Chas. E. Fetzinger

9. Father's Occupation, Clerk Penna. R.R.

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, E. C. Applegarth, M. D.,

Address, 8 East Montgomery St.

Remarks, L.O.A. Labor normal no puerperal trouble.

5 5 5 0 0 0 1 3 2 6

Wm J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63486

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 M

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 16. 1895
4. Place of Birth, (Street and Number) No 5. gorge St Balt City
5. Full Name of Mother, Caroline Hayes
6. Mother's Maiden Name, apps
7. Mother's Birthplace, England
8. Full Name of Father, gerome Hayes
9. Father's Occupation, musician
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Mary a Martin

Address, 2304 Cedar avenue

Remarks, 9950001327

Wm. J. C. Dulany Co., City Printers and Stationers

months, and shall set forth as far as the same can be ascertained the full name of each child of any shall have been conferred, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, February 17
4. Place of Birth, (Street and Number) 625 Hanover St
5. Full Name of Mother, Margaretta Steitel
6. Mother's Maiden Name, Margaretta Keating
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Steitel
9. Father's Occupation, Grain Dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Kate Minch

Address, 800 Leadenhall St

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1995000 1328

RETURN OF A BIRTH. 63488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb. 17 - 1895
4. Place of Birth, (Street and Number) 136 N. Bond St.
5. Full Name of Mother, Elizabeth Kimler
6. Mother's Maiden Name, Thomas
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Kimler
9. Father's Occupation Cigar Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant or other person who makes this Return Mary Stein

Address, 427 E. Pratt St.

Remarks,

1 9 4 5 0 0 0 1 3 2 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 63489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Febr. 7/95
4. Place of Birth, (Street and Number) 1746 Eastern Ave.
5. Full Name of Mother, Annie Steinmetz
6. Mother's Maiden Name, " Lechele
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Steinmetz
9. Father's Occupation, Paperhanger
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1995000 1550

RETURN OF A BIRTH. 63490

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 17th, 895
4. *Place of Birth, (Street and Number)* 1933 Hollins st.
5. *Full Name of Mother,* Joannah Braden
6. *Mother's Maiden Name,* McKinna
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Jas. T. Braden
9. *Father's Occupation* Hostler B.C Fire Dept
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, M H Curtis

Address, 1800 W Balto St.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

9250001331

RETURN OF A BIRTH. 63491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Helen Anna Meyers A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb. 15 — 1895
4. Place of Birth, (Street and Number) 921 Watson St.
5. Full Name of Mother, Sophia Margretha Meyers
6. Mother's Maiden Name, Linnes
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fredrick Meyers
9. Father's Occupation
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1429 E. Pratt St.

Remarks, GIVEN NAME ADDED. 5-18-54 L.M.

1995000001332

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63492

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 10
4. *Place of Birth, (Street and Number)* Patterson Avenue Hospital
5. *Full Name of Mother,* Mary Agnes Heffernan
6. *Mother's Maiden Name,* Mary Agnes Lewis
7. *Mother's Birthplace,* Baltimore City Md
8. *Full Name of Father,* Peter Thomas Lewis
9. *Father's Occupation* Shipping Publisher
10. *Father's Birthplace,* Baltimore City Md

Name of Medical Attendant, or other person who makes this Return, Annie C Brien

Address, 881 Greenmount ave

Remarks,

1995000133

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63493

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 17, 1895
4. *Place of Birth, (Street and Number)* 1 Pur. 1602 N. Gallows St.
5. *Full Name of Mother,* Susan Smith
6. *Mother's Maiden Name,* Susan Connelly
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John W. Smith
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo. R. Colwell M.D.

Address, 1741 Harford ave

Remarks,

1895 0 0 0 1 3 3 4

Wm. J. C. Dulany Co,. City Printers and Stationers.

...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63494

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 17 1895
4. *Place of Birth, (Street and Number)*	834 Eden Ave
5. *Full Name of Mother,*	Mary M.
6. *Mother's Maiden Name,*	Bloecklein
7. *Mother's Birthplace,*	U. S. A.
8. *Full Name of Father,*	Samuel A. Meserhaus
9. *Father's Occupation*	Brakeman R.R.
10. *Father's Birthplace,*	U. S. A.
Name of Medical Attendant, or other person who makes this Return,	E. J. Sideinous M.D.
Address,	1114 Chesapeake St
Remarks,	

1895000135

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 63495

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d,
1. *Sex, (state whether male or female)*	male,
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	February 17d,
4. *Place of Birth, (Street and Number)*	1208 Warner St
5. *Full Name of Mother,*	Barbara C. Strobel
6. *Mother's Maiden Name,*	Barbara C. Wengert
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Fredrick H. Strobel
9. *Father's Occupation,*	Brewer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Wm Lange
Address,	711 N. Gross st
Remarks,	

9 9 5 0 0 0 1 3 3 5

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 63496

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February the 17-18-95
4. *Place of Birth, (Street and Number)*	Pulaski st No 291
5. *Full Name of Mother,*	Margaret Hefner
6. *Mother's Maiden Name,*	Margaret Hunkle
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Peter Hefner
9. *Father's Occupation*	Blacksmith
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs S Kelly
Address,	No 19 22 Wilkins Ave
Remarks,	

9950001337

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been completed as to sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby 17/N
4. Place of Birth, (Street and Number) Lodging in Hospital 627 N Lombard
5. Full Name of Mother, Mary Higgins.
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Harry H. Arthur MD

Address, 627 N Lombard St

Remarks, Dr. Rinehart Hosp

995 0001338

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Feby 17/95
4. *Place of Birth, (Street and Number)* 704 Eider Alley
5. *Full Name of Mother,* Fannie Strickler
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return Harry H. Arthur MD

Address, 612 W Lombard St Dr Reeder Phys.

Remarks,

1995000139

Wm. J. C. Dulany Co., City Printers and Stationers.

been collected) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 15 1895
4. *Place of Birth, (Street and Number)*	Eagle st No 1821
5. *Full Name of Mother,*	Ewald Meyer
6. *Mother's Maiden Name,*	Ewald Merrick
7. *Mother's Birthplace,*	~~John Meyer~~ germany
8. *Full Name of Father,*	John Meyer
9. *Father's Occupation*	Stone cutter
10. *Father's Birthplace,*	germany
Name of Medical Attendant, or other person who makes this Return,	Mrs E Kelly
Address,	1922 Wilkins Ave
Remarks,	

1 9 4 5 0 0 0 1 3 4 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63500

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 18 — 1895
4. Place of Birth, (Street and Number) 1617 Canton Ave.
5. Full Name of Mother, Mary Palmisano
6. Mother's Maiden Name, Rativo
7. Mother's Birthplace, Italy
8. Full Name of Father, Mariano Palmisano
9. Father's Occupation Laborer
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 Eutaw St.

Remarks,

1995000134 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

Every child born within the City of Baltimore shall be reported to the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City, by the physician in attendance, or by the midwife, or by the father, mother, householder or other person present at the birth, within ten days after the birth occurs, and before the burial of the child. Such report shall be made in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63501

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd "

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 18, 1895
4. Place of Birth, (Street and Number) 208 N. Greene st.
5. Full Name of Mother, Fannie E Aaron
6. Mother's Maiden Name, " " Littiding
7. Mother's Birthplace, City
8. Full Name of Father, August Aaron
9. Father's Occupation Builder
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, Mary A Tedley

Address, 1004 N. Lexington st

Remarks,

A

1995000 1342

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 63502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)	2d.
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 18th 1895
4. *Place of Birth, (Street and Number)*	1020 Saratoga St.
5. *Full Name of Mother,*	Florence Stewart
6. *Mother's Maiden Name,*	" Walter
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Jno. J. Stewart
9. *Father's Occupation,*	Photographer
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return	DeLancey M. Davis
Address,	220 N. Monument
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

1995001343

RETURN OF A BIRTH. 63503

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or ~~female~~) —

2. ~~Race or Color~~, (if not of the white race)

3. Date of Birth, January 18th 1895

4. Place of Birth, (Street and Number) 1536 Light st.

5. Full Name of Mother, Mary Apolonia Lampe

6. Mother's Maiden Name, M. A. Freiberger

7. Mother's Birthplace, Germany

8. Full Name of Father, Eberhard Henry Lampe

9. Father's Occupation Grocery Provision

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Catherine Thornton

Address, 100 Leadenhall St

Remarks,

1995000134A

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife, physician or practitioner in midwifery, or other person who shall have been concerned in the birth of any child, shall, within the first ten days of each and every month, report to the office of the Commissioner of Health the full name and occupation of its parents, the date and place of birth, and the sex, color, &c., of such child. The information required by this section shall be furnished in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63504

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IX

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Febr. 1895
4. Place of Birth, (Street and Number) 430. S. Bond Str.
5. Full Name of Mother, Augusta Saul
6. Mother's Maiden Name, " Lehman
7. Mother's Birthplace, Germany
8. Full Name of Father, Fred. Saul
9. Father's Occupation Laberer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

1995000 1345

Wm. J. C. Dulany Co,. City Printers and Stationers.

been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 63505

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Mulatto
3. *Date of Birth,* Feb 18 - 1895
4. *Place of Birth (Street and Number),* 864 N Howard
5. *Full Name of Mother,* Mary Scavins
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,* Jas Scavins
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Edmund K Ballard M.D.

Address,

Remarks,

9950001346

And shall be made as soon as the name and occupation of its parents, the date and place of birth, and the said schedule ferred), its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and third day of shall be delivered, duly signed by the practitioner of Health. In case the birth of any child shall occur without each and every month to the office of the Commissioner of midwifery, or should no other person be in attendance upon the the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 63506

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 July 1895
4. Place of Birth, (Street and Number) Born living in Hospital 622 Lombard
5. Full Name of Mother, Ellen Imbert.
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Harry H Arthur MD

Address, 622 W Lombard St Resident Phys

Remarks,

9750001347

Wm. J. C. Dulany Co., City Printers and Stationers.

...been delivered, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63507

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Feb 7 1905.
4. *Place of Birth, (Street and Number)* 2205 Etting St
5. *Full Name of Mother,* Sarah Kelly
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Harry H Arthur MD

Address, 622 N Lombard St. Dr Ready Phys.

Remarks,

19050001343

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63508

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 19 1890
4. *Place of Birth, (Street and Number)* # 40 Maiden Choice Lane
5. *Full Name of Mother,* Lizzie S. Coleman
6. *Mother's Maiden Name,* Lizzie S. Coleman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jno F. Coleman
9. *Father's Occupation* Painter,
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, G. D. Garrick M.D.

Address, #254 Rayner Ave,

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

19950001349

RETURN OF A BIRTH. 63509

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d~~ 3d, ~~&c.~~)

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 19th 95
4. *Place of Birth, (Street and Number)* 1643 1/2 N. Fayette St
5. *Full Name of Mother,* Sarah Leigle
6. *Mother's Maiden Name,* Sarah Linderborn
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* Joseph Leigle
9. *Father's Occupation* Physician
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other person who makes this Return, Thomas Sadler M.D

Address,

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1995000 1350

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63590

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 19. Feb.
4. *Place of Birth, (Street and Number)* 1501 E. Federal St
5. *Full Name of Mother,* Hanna Bannon
6. *Mother's Maiden Name,* Hanna Barry
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Charles Bannon
9. *Father's Occupation* Warden of Pen.
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. A. Pinkett Maddox

Address, 1417 E. Eager St

Remarks,

1925000135

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63511

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 17 Feb.

4. Place of Birth, (Street and Number) 224 E. Eager St

5. Full Name of Mother, Annie Lanry

6. Mother's Maiden Name, Annie Massey

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, John T. Lanry

9. Father's Occupation Iron moulder

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Gink Mechanic

Address, 14 W. E. Eager St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

1995000135 2

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 6352

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb. 19 1895
4. Place of Birth, (Street and Number) 25 S. Castle St.
5. Full Name of Mother, Emma Yager
6. Mother's Maiden Name, Betty
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Yager
9. Father's Occupation Cooper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Lucy Stein

Address, 1427 E. Heath St.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1995000 1353

RETURN OF A BIRTH. 63573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 19 1915
4. *Place of Birth, (Street and Number)* 432 Roland ave Baltimore
5. *Full Name of Mother,* Hallie L Wilmer
6. *Mother's Maiden Name,* Jones
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Thomas Wilmer
9. *Father's Occupation* Salary Manager
10. *Father's Birthplace,* Kent County

Name of Medical Attendant, or other person who makes this Return

Address, Martha G King

Remarks, 545 Richard ave Baltimore md

+ 9 9 5 0 0 0 1 3 5 4

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63574 (over)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I Mildred Louise Goetzinger

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Febr. 19/25
4. Place of Birth, (Street and Number) 2413 Fairmount Ave.
5. Full Name of Mother, Annie M. (Gerzinger) Goetzinger
6. Mother's Maiden Name, " " (Fairtig) (Ferting)
7. Mother's Birthplace, Balto.
8. Full Name of Father, Joseph (Gerzinger) Goetzinger
9. Father's Occupation Collector
10. Father's Birthplace, Newark N. J.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks, 11/21/38 - Anna M. Goetzinger (mother)

1 9 2 5 0 0 0 1 3 5 5

been concealed) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 63375

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Wensday Feb 20th 1895
4. *Place of Birth, (Street and Number)*	1223 S. Eulaw St. Balto, Md
5. *Full Name of Mother,*	Mrs ~~Joseph~~ A Mathieu
6. *Mother's Maiden Name,*	Henrietta Gundlach
7. *Mother's Birthplace,*	Baltimore City. Md
8. *Full Name of Father,*	Joseph A Mathieu
9. *Father's Occupation,*	Hairyman
10. *Father's Birthplace,*	Baltimore City. Md
Name of Medical Attendant, or other person who makes this Return,	Mrs Bange
Address,	711 N. Gross st
Remarks,	

9 9 5 0 0 0 1 3 5 6

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63516

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child Mother, (state whether 1st, 2d, 3d, &c.) three

1. Sex, (state whether male or female) Female
2. Race or Cr. (if not of the white race) White
3. Date of th, February 20th 1895.
4. Place of h, (Street and Number) 1222 Stockholm St.
5. Full Na[me] Mother, Emma Parks.
6. Mother's den Name, Emma Wegnorth.
7. Mother's place, Balto Md.
8. Full Na Father, Malichi Parks.
9. Father's ation Bricklayer
10. Father's place, Balto Md.

Name [illegible]al Attendant, or other person who makes this Return, Mrs A M Bishop

Address 780 Cross St

Remarks

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Stationers.

9950001357

RETURN OF A BIRTH 63517

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

1. *Sex,* (state whether male or female) Male Child.
2. *Race or Color,* (if not of the white race) White.
3. *Date of Birth,* 20 of Feb
4. *Place of Birth,* (Street and Number) # 1407 Holbrook Street.
5. *Full Name of Mother,* Catherine Beale
6. *Mother's Maiden Name,* Catherine Ware.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* William Beall.
9. *Father's Occupation,* Can Maker.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return Mrs E. A. White

Address, # 940 Ensor Street.

Remarks, X

of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

19500013538

RETURN OF A BIRTH. 63378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Mulatto
3. *Date of Birth,* 3014. Eden St Feb 21/95
4. *Place of Birth, (Street and Number)* 3014. Eden
5. *Full Name of Mother,* Ella Roberts Bose
6. *Mother's Maiden Name,* Ella Johnson. ad (unknown)
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Henry Bose
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Penna

Name of Medical Attendant, or other person who makes this Return, Caroline Bethea M.D.

Address, 315. Lanvale St. Balto

Remarks,

1995000 1359

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 63519

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Febr. 20. (3 . A. M.)
4. Place of Birth, (Street and Number) 1618. Elizabeth Lane.
5. Full Name of Mother, Marie Louise Stewart.
6. Mother's Maiden Name, Metzdorff.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, George, Miles Stewart.
9. Father's Occupation Laborer.
10. Father's Birthplace, Anne Arundel Co. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kane for the

Address, Northern Relief Society 901. Milton Ave.

Remarks,

9950001360

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 63520

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3a

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 20/95
4. *Place of Birth, (Street and Number)* 1826 E Monument St
5. *Full Name of Mother,* Mamie Higgins
6. *Mother's Maiden Name,* Mamie Dickson
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Robert Higgins
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. J. C. Stevens M.D.

Address,

Remarks,

S45000136 1

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 63521

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Feb 20, 1895.
4. Place of Birth, (Street and Number) 1 W. 24th St
5. Full Name of Mother, Carrie Walter
6. Mother's Maiden Name, Day
7. Mother's Birthplace, Md.
8. Full Name of Father, Wm. McG. Walter
9. Father's Occupation Clerk
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, G. Lane Taneyhill

Address, 1103 Madison Ave.

Remarks, Instruments & Chloroform

9950001362

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, after birth, in which the same can be ascertained, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63522

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5c
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February the 20 1895
4. *Place of Birth, (Street and Number)*	Hoffort st 1022
5. *Full Name of Mother,*	minnie michel
6. *Mother's Maiden Name,*	minnie meber
7. *Mother's Birthplace,*	germany
8. *Full Name of Father,*	otto michel
9. *Father's Occupation*	milk dairyman
10. *Father's Birthplace,*	germany
Name of Medical Attendant, or other person who makes this Return,	Mrs J Dulany
Address,	No 1922 Eutaw st
Remarks,	

9950001363

Wm. J. C. Dulany Co., City Printers and Stationers

months, after which time as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63523

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 30/95
4. *Place of Birth, (Street and Number)* 1208 E Baltimore St
5. *Full Name of Mother,* Ida Berman
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Harry H Arthur M.D.

Address, 620 W Lombard St. Dr Resd Phys.

Remarks,

9 9 5 U 0 0 1 3 6 4

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 63524

To the Office of Registrar of Vital Statistics, Board of Health,

GIVEN NAME ADDED 8-11-55

BALTIMORE CITY.

Name: Amelia ~~Schmidt~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* February 21st 1895.
4. *Place of Birth, (Street and Number)* #51 S. Arlington Ave
5. *Full Name of Mother,* Sophia Schmidt
6. *Mother's Maiden Name,* Sophia Wachsmuth
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Christian Schmidt
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. P. V. Benson M.D.

Address, #1047 Hollins st

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9 9 5 0 0 9 1 3 6 5

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH. 63525

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21st February 1895
4. Place of Birth, (Street and Number) 936 Burgundy Alley
5. Full Name of Mother, Minnie Catharine Schweikert
6. Mother's Maiden Name, " " " " Zimmerman
7. Mother's Birthplace, Nassau Germany
8. Full Name of Father, Charles Frederick Schweikert
9. Father's Occupation, Glass Blower
10. Father's Birthplace, Philadelphia Pa

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 N. Gross st ~~936 Burgundy Alley~~

Remarks,

9 9 5 0 0 0 1 3 6 6

Wm J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-31-51

RETURN OF A BIRTH. 63526

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Gertrude Cecelia Nugent Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 21, 1895
4. Place of Birth, (Street and Number) 1147 W. Cross st Balto.
5. Full Name of Mother, Laura Jane Nugent
6. Mother's Maiden Name, Laura Jane Steer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Daniel Nugent
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Wm A. St. Bishop

Address, No 780 Cross St

Remarks,

9950001367

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63527

GIVEN NAME ADDED 8-27-59

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: LEWIS ~~WILLIAMS~~ 1st

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby 21st - 1895
4. Place of Birth, (Street and Number) 1214 E. Monument St
5. Full Name of Mother, Bertha Williams
6. Mother's Maiden Name, ~~Bertha Gruss~~ Bertha Gruss
7. Mother's Birthplace, Balto.
8. Full Name of Father, Percy Williams —
9. Father's Occupation, Book-keeper.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Bartus Trew M.D.

Address, 409 W Lanvale St

Remarks, 9950001368

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

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RETURN OF A BIRTH. 63528

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, February 21, 1895.
4. Place of Birth, (Street and Number) 1044 N. Broadway.
5. Full Name of Mother, Alice Matilda Pillsoff.
6. Mother's Maiden Name, Wright.
7. Mother's Birthplace, Md.
8. Full Name of Father, John Peter Pillsoff.
9. Father's Occupation, Engraver.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M. D.

Address, 291 Chestnut ave.

Remarks,

9950001369

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63529

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Feby 21/95
4. *Place of Birth, (Street and Number)* 262 Dallis St
5. *Full Name of Mother,* Mary Barnett
6. *Mother's Maiden Name,* Mary Bolton
7. *Mother's Birthplace,* Boston Mass
8. *Full Name of Father,* Jacob Barnett
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Eastern Shore

Name of Medical Attendant, or other person who makes this Return. Mary E. Pinyon

Address, 1803 Gough St

Remarks, 19950001370

Wm J C. Dulany Co., City Printers and Stationers.

been completed, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2,

1. *Sex, (state whether male or female)* Female,
2. *Race or Color, (if not of the white race)* Colored,
3. *Date of Birth,* February 21, 1895.
4. *Place of Birth, (Street and Number)* 288 Roland ave
5. *Full Name of Mother,* Mollie J. Hare,
6. *Mother's Maiden Name,* Lindsay,
7. *Mother's Birthplace,* Indiana,
8. *Full Name of Father,* Amos Hare,
9. *Father's Occupation* Laborer,
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave

Remarks,

995 0001371

Wm. J. C. Dulany Co., City Printers and Stationers.

Been committed) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63531

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 21. Feb
4. Place of Birth, (Street and Number) 1029 Central Ave
5. Full Name of Mother, Annie Fitzlemer
6. Mother's Maiden Name, Annie Hecht
7. Mother's Birthplace, Germany
8. Full Name of Father, Ferdinand Fitzlemer
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. D. Dirk Meinje.

Address, 1417 E. Eager St.

Remarks,

9950001372

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63532

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21st of February 95
4. *Place of Birth, (Street and Number)* 20 S Edmondwood St
5. *Full Name of Mother,* Elizabeth Schmidt
6. *Mother's Maiden Name,* Elizabeth Kalb
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Carl Schmidt
9. *Father's Occupation* Laber
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return Seiedesille Hawla Midwife

Address, 216 West Pratt St.

Remarks,

1 9 9 5 0 0 0 1 3 7 3

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63533

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Febr. 21/95
4. Place of Birth, (Street and Number) 509 S. Ann Str.
5. Full Name of Mother, Balbina Lazinski
6. Mother's Maiden Name, " Stefanaki
7. Mother's Birthplace, Polen
8. Full Name of Father, Ladislaus Lazinski
9. Father's Occupation Laborer
10. Father's Birthplace, Polen

Name of Medical Attendant, or other person who makes this Return, Wm. Deisenhofer

Address, 1225 Gough Str.

Remarks, Child died the same day.

9950001374

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63534

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 21 / 95

4. Place of Birth, (Street and Number) Free Lying-in Hospital 627 W Lombard

5. Full Name of Mother, Effie V Bell

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Harry H. Arthur MD

Address, 627 W Lombard St Jr. Resident Phys

Remarks, 1995000 1375

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63535

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) ~~Black~~ Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, July 2 1895
4. Place of Birth, (Street and Number) 6 E. Hughes St.
5. Full Name of Mother, Daisy Henson
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return Harry A. Arthur M.D.

Address, 622 W. Lombard St, Jr. Resid. Phys.

Remarks.

9950001376

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63586

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black.
3. *Date of Birth,* July 22/95
4. *Place of Birth, (Street and Number)* 925 Parish Alley.
5. *Full Name of Mother,* Fannie Robinson.
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Harry H. Arthur M.D.

Address, 622 W. Lombard St. Jr Resident, Phys

Remarks.

9950001377

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twelth Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Friday Feb 22nd 95
4. Place of Birth, (Street and Number) 606 Ft Potter st Balto
5. Full Name of Mother, Mrs Annie Drexel
6. Mother's Maiden Name, Annie Engle
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, Louis Drexel
9. Father's Occupation Fireman
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return, Miss Bange

Address, 211 N. Caroline st

Remarks,

1 9 9 5 U 0 0 1 3 7 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63538

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 23, 1894
4. *Place of Birth, (Street and Number)* 703 Rose St
5. *Full Name of Mother,* Lizzie Lyman.
6. *Mother's Maiden Name,* Lizzie Coale
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Will Lyman.
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mary A Swayne.

Address, 824 Canton Av.

Remarks,

1950001379

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 63539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb. 22 1895
4. *Place of Birth, (Street and Number)* 246 S. Bond St.
5. *Full Name of Mother,* Maggi Boyer
6. *Mother's Maiden Name,* Brooks
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Albert Boyer
9. *Father's Occupation* Bar Tender
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Fratt St.

Remarks, 9950001380

Wm. J. C. Dulany Co,- City Printers and Stationers.

RETURN OF A BIRTH.

63540

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Dorothy Merrick Cockrill

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether ~~Male~~ or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Feb 22d 1895

4. Place of Birth (Street and Number) #1806 E. Baltimore St. Baltimore, Md.

5. Full Name of Mother Lizzie R. Cockrill

6. Mother's Maiden Name Lizzie R. Cockrill

7. Mother's Birthplace Baltimore, Md.

8. Full Name of Father Jos. M. Cockrill

9. Father's Occupation Physician

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. M. Cockrill, M.D.

Address #1816 E. Baltimore St. Baltimore

Remarks 19950001381 Md

This any physician, midwife or other person having charge of any case of child-birth within the City of Baltimore, shall report to the registrar aforesaid, advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 63541

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Reg. Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 22. Feb.
4. Place of Birth, (Street and Number) 527 Lexington St
5. Full Name of Mother, Maggie Fetzer
6. Mother's Maiden Name, Maggie Gehlen
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, James L. Fetzer
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. D. Linke Midwife.

Address, 1171 E. Eager St.

Remarks,

1995000 1382

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 63542

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth.* Feb 22-95
4. *Place of Birth, (Street and Number)* 1320 Homewood Ave
5. *Full Name of Mother,* Catherine O. Ellis
6. *Mother's Maiden Name,* " Adams
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John H. Ellis
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A Allwell

Address, 1438 N Bond

Remarks,

1995000 1383

been omitted) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63543

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Geboren February 22 95
4. *Place of Birth, (Street and Number)* Thames Str. cor No 1624
5. *Full Name of Mother,* Line Faiutowska
6. *Mother's Maiden Name,* Lon Gutowski
7. *Mother's Birthplace,* Poland.
8. *Full Name of Father,* Dziem Gutowski
9. *Father's Occupation,* Ruzland.
10. *Father's Birthplace,* Poland.

Name of Medical Attendant, or other person who makes this Return. Agnes Hodolna.

Address, Thames Str. cor No 1635.

Remarks, Legal.

1995000 1384

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63544

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb. 22d 1895
4. *Place of Birth, (Street and Number)* 31st Falls Road, Hampden
5. *Full Name of Mother,* Laura Kate Kramer
6. *Mother's Maiden Name,* Laura Kate Coats
7. *Mother's Birthplace,* Carroll Co. Md
8. *Full Name of Father,* Eli Emory Kramer
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Carroll Co. Md

Name of Medical Attendant, or other person who makes this Return. Geo. T. Shower, M.D.

Address, 421 Roland Ave. Hampden

Remarks,

9 9 5 U 0 0 1 3 8 5

Wm J C. Dulany Co., City Printers and Stationers.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63545

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	February 22, 1896.
4. Place of Birth, (Street and Number)	70 Cedar ave.
5. Full Name of Mother,	Sarah Elizabeth Leisinger.
6. Mother's Maiden Name,	Brown.
7. Mother's Birthplace,	Va.
8. Full Name of Father,	Charles Edward Leisinger.
9. Father's Occupation,	Photographer.
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return,	Chas. H. Mitchell M.D.
Address,	291 Chestnut ave.
Remarks,	

9950001386

The Mother, Father, Physician, Midwife, Householder, Undertaker, Sexton, Clergyman, or other person having knowledge of the facts, shall, within five days after the birth of any child, make a return thereof to the Registrar of Vital Statistics, Board of Health, Baltimore City, at the office of the Board of Health, in the City Hall, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63546

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* — — —
3. *Date of Birth,* Feb 23 rd 1895
4. *Place of Birth, (Street and Number)* 2024 Mc Elderry St
5. *Full Name of Mother,* Sophie Rothschild
6. *Mother's Maiden Name,* Liebenstein
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Emanuel Rothschild
9. *Father's Occupation* Salesman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Louise Frogge

Address, 1907 E Monument St

Remarks, 9450001387

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 28th 1898.
4. *Place of Birth, (Street and Number)* 1304 Homewood Ave.
5. *Full Name of Mother,* Ella Rhoads.
6. *Mother's Maiden Name,* " Steck.
7. *Mother's Birthplace,* Dauphin Co Pa
8. *Full Name of Father,* George F. Rhoads.
9. *Father's Occupation,* Conductor on N. C. R. R.
10. *Father's Birthplace,* Perry Co Pa

Name of Medical Attendant, or other person who makes this Return, W B Reese M.D.

Address, 908 E. Eager St.

Remarks, 19950001388

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63548

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W. Negro

3. Date of Birth, February 23rd 1895

4. Place of Birth, (Street and Number) 1712 Dallas St Baltimore

5. Full Name of Mother, Amelia E. Hall

6. Mother's Maiden Name, Amelia Hall

7. Mother's Birthplace, Germany

8. Full Name of Father, Gabriel Hall

9. Father's Occupation Laborer

10. Father's Birthplace, Switzerland

Name of Medical Attendant, or other person who makes this Return, Mrs. Jesse

Address, 1610 E Lombard St

Remarks, 1995000 1389

Wm. J. C. Dulany Co,. City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63549

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 23 1895
4. Place of Birth, (Street and Number) Chester st 441
5. Full Name of Mother, Mary Neuman
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Charles Neuman
9. Father's Occupation Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Shapiro

Address, N Washington ave 5

Remarks. 1 9 9 5 0 0 0 1 3 9 0

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 13530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 23 1895
4. Place of Birth, (Street and Number) 1516 E Hatt St.
5. Full Name of Mother, Maggie Foglor
6. Mother's Maiden Name, Hallmann
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Fogler
9. Father's Occupation Steveder
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1521 E. Hatt St.

Remarks,

1 9 5 0 0 0 1 3 9 1

Wm. J. C. Dulany Co., City Printers and Stationers.

CHILD'S NAME ADDED 12-14-54

RETURN OF A BIRTH. 63557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles William Bosson

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 23 - 1895
4. Place of Birth, (Street and Number) 1039 N. Carey St
5. Full Name of Mother, Mary E. Bosson
6. Mother's Maiden Name, " " Polley
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Chas H. Bosson
9. Father's Occupation Clerk
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Dr Chas S. Hall

Address, 647 W. Lafayette ave

Remarks,

1995 0001392

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 63552

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

mouth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23rd February
4. *Place of Birth, (Street and Number)* Chester st 8
5. *Full Name of Mother,* Mary Burgman
6. *Mother's Maiden Name,* " " Kutzler
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Burgman
9. *Father's Occupation* Brewer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bruns

Address, 1600 Chester St

Remarks, 1995000139 3 Balto

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63553

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 M. Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White,
3. *Date of Birth,*	23 Februar 1895.
4. *Place of Birth, (Street and Number)*	Eleanor St. No 1538.
5. *Full Name of Mother,*	Elenzie Körber.
6. *Mother's Maiden Name,*	Wiegand
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Friedrich Körber.
9. *Father's Occupation*	Koch.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Lizzie Schaeffer
Address,	Fort Ave No 1768.
Remarks,	

995000 1394

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63554

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 9950001395

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63555

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 24 1895
4. Place of Birth, (Street and Number) N Chapple st 111
5. Full Name of Mother, Mary Soheifsin
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph Soheifsin
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Shapiro

Address, N Washington ave 205

Remarks, 1995000139 6

Wm. J. C. Dulany Co., City Printers and Statsoners

RETURN OF A BIRTH. 63566

NAME CHARGED BY COURT ORDER 11-28-68

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George Peter Smith

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~Sixth~~ Eighth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 24 1868
4. Place of Birth, (Street and Number) 731 Colvin Place
5. Full Name of Mother, Louisa C Slookbier
6. Mother's Maiden Name, Louisa C Utz.
7. Mother's Birthplace, Frederick Co Maryland
8. Full Name of Father, G P Slookbier
9. Father's Occupation, Black Smith
10. Father's Birthplace, Frederick City

Name of Medical Attendant, or other person who makes this Return, R Irv. Belt M.D.

Address, 1031 Cathedral St.

Remarks,

1995000139 7

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 63557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 25th 1895.
4. *Place of Birth, (Street and Number)*	915 Edmondson Av.
5. *Full Name of Mother,*	Adalaide M. Spicker
6. *Mother's Maiden Name,*	" " Maute
7. *Mother's Birthplace,*	Carson City Nev.
8. *Full Name of Father,*	Edward H. Spicker
9. *Father's Occupation,*	Assistant Superintendent Hospital
10. *Father's Birthplace,*	Balto. City
Name of Medical Attendant, or other person who makes this Return.	Dr. Lit & Barclay
Address,	220 N. Monument St
Remarks,	

1995000139 8.

Health. This schedule shall be filled out as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 63538

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IIII

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Febr. 25/95
4. Place of Birth, (Street and Number) 2228 Mc Elderry Str.
5. Full Name of Mother, Maggie Schuhmann
6. Mother's Maiden Name, " Bieu
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Schuhmann
9. Father's Occupation, Butcher
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

1 9 7 5 0 0 0 1 3 9 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63559

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 25 1895
4. *Place of Birth, (Street and Number)* Dunsby alley 412
5. *Full Name of Mother,* Barbara Fonesek
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Frank Fonesek
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Kahtis

Address, 1 W Washington st. 205

Remarks,

9 9 5 0 0 0 1 4 0 0

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 63560

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25 February 1895
4. *Place of Birth, (Street and Number)* North Ave 2123
5. *Full Name of Mother,* Christena Sibert.
6. *Mother's Maiden Name,* Christena Zimmerman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Andreas Sibert
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Marie Elias

Address, N. Hopkins Ave. 1625

Remarks,

9 4 5 0 0 0 1 4 0 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb. 25 — 1895
4. *Place of Birth, (Street and Number)* 305 S. Howard St.
5. *Full Name of Mother,* Laura Hartmann
6. *Mother's Maiden Name,* Wallace
7. *Mother's Birthplace,* Somerset Co Md
8. *Full Name of Father,* Jules Hartmann
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 427 E. Fratt St.

Remarks,

1950001402

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 63562

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 3rd 95.
4. Place of Birth, (Street and Number) 1616 Eden Place
5. Full Name of Mother, Annie T. Eline
6. Mother's Maiden Name, " " Legrey.
7. Mother's Birthplace, Atlantic Ocean.
8. Full Name of Father, Chas. E. Eline.
9. Father's Occupation, Electric Motorman.
10. Father's Birthplace. Harford Co. Md

Name of Medical Attendant, or other person who makes this Return. W. K. Perry M.D.

Address,

Remarks,

199 50001403

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63563

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Tuesday Feb 26th 1895
4. *Place of Birth, (Street and Number)* Balto City Md 1146 Carroll St.
5. *Full Name of Mother,* Ida Elizabeth Siegert
6. *Mother's Maiden Name,* Ida Elizabeth Lewis
7. *Mother's Birthplace,* Balto City Md
8. *Full Name of Father,* Wm John Frederick Siegert
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* Washington D. C.

Name of Medical Attendant, or other person who makes this Return. Amory E. Bontty

Address, 229 E Pleasant St

Remarks, Child living

1995000140

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63564

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 26 1895
4. *Place of Birth, (Street and Number)* Duncan alley 213
5. *Full Name of Mother,* Mary Cerka
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* John Cerka
9. *Father's Occupation* Bohemian
10. *Father's Birthplace,* Lobes

Name of Medical Attendant, or other person who makes this Return, Mary Koptis

Address, N Washington ave

Remarks, 1995000014005

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Statiouers

RETURN OF A BIRTH. 63665

CERTIFICATE AMENDED 6-9-69

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: FRIEDA ~~LOUISE~~ WEBER

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 26 1895
4. Place of Birth, (Street and Number) Bradford st 407
5. Full Name of Mother, KATE ~~Hatte~~ Weber
6. Mother's Maiden Name, ~~Hartung~~ KATE LEPPER
7. Mother's Birthplace, CHRISTIAN GERMANY
8. Full Name of Father, ~~Charles~~ Weber
9. Father's Occupation Labor
10. Father's Birthplace, ~~Saxony~~ GERMANY

Name of Medical Attendant, or other person who makes this Return, Mary Kapfis

Address, N Washington 205

Remarks, 9950001406

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 63566

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Febr. 26/95
4. *Place of Birth, (Street and Number)* 515 S. Cannon Ste.
5. *Full Name of Mother,* Elizabeth Greifzu
6. *Mother's Maiden Name,* " Graffelb
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Greifzu
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Diseinhofer

Address, 2225 Gough Ste.

Remarks,

1995000 1407

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female).* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 26 February 1895
4. *Place of Birth, (Street and Number)* Law. str 1188
5. *Full Name of Mother,* Jennie Flock
6. *Mother's Maiden Name,* Jennie Rosinck
7. *Mother's Birthplace,* Russland
8. *Full Name of Father,* Mike Flock
9. *Father's Occupation* Russland
10. *Father's Birthplace,* Stus

Name of Medical Attendant, or other person who makes this Return, Mary E'ias

Address, 1625 Hoffkinstre

Remarks,

19500014 08

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63568

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 27 1895
4. Place of Birth, (Street and Number) Harper st 2015
5. Full Name of Mother, Esterlla Wise
6. Mother's Maiden Name,
7. Mother's Birthplace, Garmen
8. Full Name of Father, Jahn Wise
9. Father's Occupation Labor
10. Father's Birthplace, Garmen

Name of Medical Attendant, or other person who makes this Return, Mary Skopstis

Address, N Washington st 208

Remarks,

1995000409

Wm. J. C. Dulany Co., City Printers and Stationers

Note.—Physicians and midwives are required to report the birth of every child they attend, within ten days after the birth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 27 1895
4. *Place of Birth, (Street and Number)* Patterson Park ave 229
5. *Full Name of Mother,* Mary Seisn
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Saxony
8. *Full Name of Father,* John Seisn
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Saxony

Name of Medical Attendant, or other person who makes this Return, Mary Koptis

Address, 41 Washington 205

Remarks, 9 9 5 0 0 0 1 4 1 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Color
3. *Date of Birth,*	27th Feb
4. *Place of Birth, (Street and Number)*	111 E Mulberry St.
5. *Full Name of Mother,*	Lizzy Strickman
6. *Mother's Maiden Name,*	" " Marlow
7. *Mother's Birthplace,*	Prince Georges Co Md
8. *Full Name of Father,*	John Strickman
9. *Father's Occupation.*	Driver
10. *Father's Birthplace,*	Charles Co Md
Name of Medical Attendant, or other person who makes this Return.	Charity Jones
Address,	
Remarks,	

1995000141 1

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This [illegible] as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 63671

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Thursday Feb 28th 1895
4. *Place of Birth, (Street and Number)* 1" Heneretta St Balt Md
5. *Full Name of Mother,* Mrs Jeney Jackson
6. *Mother's Maiden Name,* Miss Jeney Johnson
7. *Mother's Birthplace,* Vadna Dorchester Co Md
8. *Full Name of Father,* Joseph Jackson
9. *Father's Occupation,* Laboring Man
10. *Father's Birthplace,* Calver Co" Maryland

Name of Medical Attendant, or other person who makes this Return, Darkest Jane Gaskey

Address, 310" 3½" St Balt Md

Remarks, 9950001412

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63512

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 28th Feb
4. *Place of Birth, (Street and Number)* 814. Hartford Ave
5. *Full Name of Mother,* Katy Sullivan
6. *Mother's Maiden Name,* Katy Sweeney
7. *Mother's Birthplace.* Baltimore Md.
8. *Full Name of Father,* George Sweeney
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Birk Midwife

Address, 1417 E. Eager St.

Remarks,

1950001413

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* February 28th 1895
4. *Place of Birth, (Street and Number)* 816 Leadenhall St
5. *Full Name of Mother,* Minnie Williams
6. *Mother's Maiden Name,* Minny Fisher
7. *Mother's Birthplace,* Seaford Delware
8. *Full Name of Father,* George Williams
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return. Charlotte Williams

Address, 910 Leaden Hall St

Remarks, 15 + 50 Dollars 4 1 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 28 1895
4. Place of Birth, (Street and Number) Castle st No 18
5. Full Name of Mother, Mary Sinkrant
6. Mother's Maiden Name,
7. Mother's Birthplace, Germen
8. Full Name of Father, George Sinkrant
9. Father's Occupation Germen
10. Father's Birthplace, Labor

Name of Medical Attendant, or other person who makes this Return, Mary Krefft

Address, N Washington st 206

Remarks,

9 9 5 0 0 0 1 4 1 5

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 63575

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5d.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	The 28 of February 18[illegible]73
4. *Place of Birth, (Street and Number)*	W 1628 E. Monument St.
5. *Full Name of Mother,*	Matilda Moran
6. *Mother's Maiden Name,*	Matilda Hawkins
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	Bernard Moran
9. *Father's Occupation*	Saloon
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Mrs Christina Lauer
Address,	1059 Harford Ave.
Remarks,	Balto Md

9 9 5 0 0 0 1 4 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	First Feb. 1895.
4. *Place of Birth, (Street and Number)*	Baltimore 627 N. Spring St
5. *Full Name of Mother,*	Estella McCoy
6. *Mother's Maiden Name,*	Baltimore
7. *Mother's Birthplace,*	Harry Robinson
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Rebecca Murry
Address,	1412 Jefferson St Baltimore Md
Remarks,	

995000141 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 3rd 1895
4. Place of Birth, (Street and Number) Cor. Rues & Mount Sts Annex
5. Full Name of Mother, Adaline D. Wilson
6. Mother's Maiden Name, " " Welch
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John W. Wilson
9. Father's Occupation, Stone Cutter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, R. G. Rankin M.D.

Address, Waverly Station —

Remarks,

9 9 5 0 0 0 1 4 1 8

(I, the undersigned, hereby certify that I was present at the birth of the child above named, and that the full name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 5th, 1895
4. Place of Birth, (Street and Number) 517 Branch Ave
5. Full Name of Mother, Sallie Lane Lytle
6. Mother's Maiden Name, Sallie Lane Noakes
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, William Thomas Lytle
9. Father's Occupation Seedsman
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Walton Bolgiano M.D.

Address, 2020 N. Charles St.

Remarks,

1995000141 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Registry of births, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 9 – 1895
4. Place of Birth, (Street and Number) 7 St Amys Ave
5. Full Name of Mother, Martha M Darnberger
6. Mother's Maiden Name, " " Kolbert
7. Mother's Birthplace, Germaney
8. Full Name of Father, Adam J. G. Darnberger
9. Father's Occupation, Moulder
10. Father's Birthplace, Germaney

Name of Medical Attendant, or other person who makes this Return, R. L. Rankin M D

Address, Waverly Station

Remarks,

1995000142 0

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and must be certified as in the case of births. In case the child has been named after birth, the full name must be stated in the said certificate. If the child has not been named at the time of making the return, the fact must be stated, and a supplemental return of the name (if subsequently conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63580

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th & 6th a

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2nd Feb 1865
4. Place of Birth, (Street and Number) Caaz av 338.
5. Full Name of Mother, Sophia Bell Parrish
6. Mother's Maiden Name, Sophia Bell.
7. Mother's Birthplace, Balto
8. Full Name of Father, Cazar Parrish
9. Father's Occupation, Cdr Motorman
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, Caroline Gilliland

Address, 3N. E. Lombard & E. Av.

Remarks, 1995000 1421

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 63581

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex* (state whether Male or Female) Female.
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Feb. 10th, 1895,
4. *Place of Birth* (Street and Number) 1102 Pennsylvania Ave.
5. *Full Name of Mother* Lula O. Ray.
6. *Mother's Maiden Name* Lula Ogle.
7. *Mother's Birthplace* Carroll Co. Md.
8. *Full Name of Father* John Ray.
9. *Father's Occupation* Druggist.
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. Lt. Gen. H. Leavitte.

Address 702 Park Ave.

Remarks Labor Natural - Mid. 2 A Thomas.

19450095

RETURN OF A BIRTH. 63582

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	February 10, 1896.
4. *Place of Birth, (Street and Number)*	107 Baldwin St.
5. *Full Name of Mother,*	Mary Francis Arnold.
6. *Mother's Maiden Name,*	Brannan.
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Henry Marshall Arnold Second
9. *Father's Occupation*	Formerly watchman N. C. R. R.
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	Claudius Kimball M. D.
Address,	291 Cherry St.
Remarks,	Father was killed on railroad on Christmas night, by an engine passing.

9950001473

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63583

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 10 — 1895
4. *Place of Birth, (Street and Number)* 1022 Valley St City
5. *Full Name of Mother,* Annie Mills
6. *Mother's Maiden Name,* Mc Laughlin
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John F Mills
9. *Father's Occupation* Railroader
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, R. G. Rankin M D

Address, Waverly Station

Remarks,

995 U 00 + 424

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63584

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Feb'y 11, 95.
4. *Place of Birth, (Street and Number)* 1035 Hudson st
5. *Full Name of Mother,* Mary Samuel
6. *Mother's Maiden Name,* Mary Smith
7. *Mother's Birthplace,* Balto md.
8. *Full Name of Father,* Fredrick Samuel
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Adolph E Eisenberg AB MD

Address, N. E. Cor Bank & Wolfe sts

Remarks,

1995000142 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63585

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Febr. 12/95
4. Place of Birth, (Street and Number) 518 S. Bond Str.
5. Full Name of Mother, Kathie Gruber
6. Mother's Maiden Name, " Oberrender
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. Gruber
9. Father's Occupation Cooper
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer

Address, 2225 Gough Str.

Remarks,

1995 0001426

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 13586

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Febr. 12/95
4. Place of Birth, (Street and Number) 1115 E. Lombard Str.
5. Full Name of Mother, Annie K. Herzner
6. Mother's Maiden Name, " " Wiedeman
7. Mother's Birthplace, Germany
8. Full Name of Father, Lorenz Herzner
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough Str.

Remarks, 19500001427

Health. [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 63587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 12 E 93
4. *Place of Birth, (Street and Number)* 2307 Fulton Ave
5. *Full Name of Mother,* Emma V Pearl
6. *Mother's Maiden Name,* Jenkins
7. *Mother's Birthplace,* Carroll Co
8. *Full Name of Father,* 3 E Pearl
9. *Father's Occupation,* Farmer
10. *Father's Birthplace,* Balto Co

Name of Medical Attendant, or other person who makes this Return. Dr F Fray M.D.

Address, 2414 Druid Hill Ave

Remarks, 1995000142 8

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 13588

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	February 13, 1896.
4. *Place of Birth, (Street and Number)*	412 No. 25th St.
5. *Full Name of Mother,*	Mary E. McCauley.
6. *Mother's Maiden Name,*	Hucker.
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Lewis Walter McCauley.
9. *Father's Occupation,*	Engineman (B.C.R.R.)
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	Edwin H. Mitchell M.D.
Address,	291 Chestnut Ave.
Remarks,	

1995000 1429

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	February 13, 1895.
4. *Place of Birth, (Street and Number)*	903 Huntingdon ave.
5. *Full Name of Mother,*	Mary Alice Boone.
6. *Mother's Maiden Name,*	Reynolds.
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	James Buchanan Boone.
9. *Father's Occupation*	Police officer.
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return	Chas H. Mitchell M.D.
Address,	291 Chestnut ave.
Remarks,	

Wm. J. C. Dulany Co., City Printers and Stationers.

1995 0001430

RETURN OF A BIRTH. 63-90

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Febr. 13/95
4. *Place of Birth, (Street and Number)* 1405 N. Wolf Str.
5. *Full Name of Mother,* Isabell Wischach
6. *Mother's Maiden Name,* " Swick
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Nicholaus Wischach.
9. *Father's Occupation* Laberer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer

Address, 2225 Gough Str.

Remarks,

1995000143 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63591

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 9 "
4. *Place of Birth, (Street and Number)* 227 E. Lexington St.
5. *Full Name of Mother,* Matilda Seebode
6. *Mother's Maiden Name,* " Beck.
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Chas M. Seebode.
9. *Father's Occupation,* Can maker.
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, WBR... MD

Address,

Remarks,

1 9 5 0 0 0 1 4 3 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health; and the attendance upon the mother, immediately thereafter it shall become the duty of the person or person he in attendance to report its birth to the Commissioner of Health, in the manner and within the period above required, and child of any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm J C. Dulany Co. City Printers and Stationers.

RETURN OF A BIRTH. 63592

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	IX
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Febr. 14/95
4. Place of Birth, (Street and Number)	236 S. Duncan Alley
5. Full Name of Mother,	Sophie Goetz
6. Mother's Maiden Name,	" Busch
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Joseph Goetz
9. Father's Occupation	Shoemacker
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mrs. Deisenhofer
Address,	2225 Gough Str.
Remarks,	

1995 0001433

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63593

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lila McCallister

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 15th 1895.
4. Place of Birth, (Street and Number) 460 E. Fayette St
5. Full Name of Mother, Rachel McCallister
6. Mother's Maiden Name, M. Dougherty
7. Mother's Birthplace, Phila Pa
8. Full Name of Father, Wm McCallister
9. Father's Occupation, Boot Maker.
10. Father's Birthplace, Phila Pa

Name of Medical Attendant, or other person who makes this Return. W B Perry M D

Address,

Remarks, GIVEN NAME ADDED. 8-28-5[illegible]

1995000[illegible]34

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 63594

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 17 1895
4. Place of Birth, (Street and Number) 404 Madeira St
5. Full Name of Mother, Katie Valenta
6. Mother's Maiden Name, Bohaimey
7. Mother's Birthplace, Fred Valenta
8. Full Name of Father, Talor
9. Father's Occupation, Bohaimen
10. Father's Birthplace, Mary Kattis

Name of Medical Attendant, or other person who makes this Return

Address, N Washington ~~11~~ st 205

Remarks,

1995000143 5

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health, the date and place of birth; and the any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63595

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 18 1895
4. Place of Birth, (Street and Number) 522 Chapel st
5. Full Name of Mother, Sophia Pittels
6. Mother's Maiden Name, Bohaimey
7. Mother's Birthplace, Prussia
8. Full Name of Father, Pittels
9. Father's Occupation Tailor
10. Father's Birthplace, Bohaimer

Name of Medical Attendant, or other person who makes this Return, Mary Kaptis

Address, N Washington st 205

Remarks, 1 9 9 5 0 0 0 1 4 3 6

...as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 63596

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 18 1895
4. Place of Birth, (Street and Number) N Washington st 202
5. Full Name of Mother, Coline Steuck
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, August Steuck
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary A Stites

Address, Washington 205

Remarks,

1995000437

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 63397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 19 1895
4. *Place of Birth, (Street and Number)* Montford ave 801
5. *Full Name of Mother,* Mrs C Cole
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Farmer
8. *Full Name of Father,* John Cole
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Farmer

Name of Medical Attendant, or other person who makes this Return, Mary Hopkins

Address, N Washington 205

Remarks, 19950001438

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 19 1895
4. *Place of Birth, (Street and Number)* E Lanvindale ave 1633
5. *Full Name of Mother,* Mary Love
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* A Sr Love
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germen

Name of Medical Attendant, or other person who makes this Return, Mary Kopetus

Address, 1 W Washington 205

Remarks,

1995000 1439

Wm. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 63599

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 19 - 1895
4. Place of Birth, (Street and Number) 312 - 30th St
5. Full Name of Mother, Kate Kline
6. Mother's Maiden Name, " Carroll
7. Mother's Birthplace, Harford Co, Md
8. Full Name of Father, John Kline
9. Father's Occupation, Stone mason
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return, R L Rankin M D

Address, Waverly Station

Remarks,

1 9 5 0 0 0 1 4 4 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63600

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1st

1. Sex, (state whether male or female) Female. (weight 9lbs).
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Feb 19th 1895.
4. Place of Birth, (Street and Number) 1516 Eutaw Place.
5. Full Name of Mother, Elise Lincoln Greene.
6. Mother's Maiden Name, Elise Lincoln.
7. Mother's Birthplace, Maine.
8. Full Name of Father, Dr. E Herbert Greene.
9. Father's Occupation, Physician.
10. Father's Birthplace, Canada.

Name of Medical Attendent, or other person who makes this Return.

Address, 820 Park Ave.

Remarks, 1995000144 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 63601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

7

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 20th 1895
4. Place of Birth, (Street and Number) 44 Walbert Ave.
5. Full Name of Mother, Clara J. Lemmon
6. Mother's Maiden Name, " " Martin
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William M Lemmon
9. Father's Occupation Carpenter
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. R. G. Rankin M D

Address, 911 Jefferson Ave Waverly Balto md

Remarks.

9 9 5 0 0 0 1 4 4 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall be made and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63602

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex,* (state whether male or female) Male
2. *Race or Color,* (if not of the white race) Black
3. *Date of Birth,* Sept 20th 99.
4. *Place of Birth,* (Street and Number) 411 Valley St.
5. *Full Name of Mother,* Susie Kelley.
6. *Mother's Maiden Name,* " Gay.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm Kelley
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, H. B. Hammond

Address, 700 E. Eleventh St.

Remarks,

1995000 1443

Wm J. C. Dulany Co., City Printers and Stationers.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 20 1895
4. Place of Birth, (Street and Number) Chapple st 956
5. Full Name of Mother, Mary Vlkova
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Frank Vlkova
9. Father's Occupation Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return Mary Kapitus

Address, NW Washington ave 106

Remarks,

1995000144

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female).* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* Feb. 22d 1895
4. *Place of Birth, (Street and Number)* Sunwalts Lane. Annex
5. *Full Name of Mother,* Mary Boothron
6. *Mother's Maiden Name,* " Campbaal
7. *Mother's Birthplace,* Scotland
8. *Full Name of Father.* Henry Boothron
9. *Father's Occupation* Stone Cutter
10. *Father's Birthplace,* Scotland

Name of Medical Attendant, or other person who makes this Return. R. G. Rankin M.D.

Address. Waverly Station

Remarks,

1 9 7 5 0 0 0 1 4 4 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63605

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 22 1915
4. *Place of Birth, (Street and Number)*	1902 Eager St
5. *Full Name of Mother,*	Annah May Hurley
6. *Mother's Maiden Name,*	" " Richardson
7. *Mother's Birthplace,*	Balto Co
8. *Full Name of Father,*	Lawrence Hurley
9. *Father's Occupation*	Printer
10. *Father's Birthplace,*	Kansas
Name of Medical Attendant, or other person who makes this Return,	Wm J. Walton
Address,	1519 Broadway
Remarks,	

9950001446

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Feby 25 '95
4. *Place of Birth, (Street and Number)*	418 S Washington St
5. *Full Name of Mother,*	Eva DeBaufre
6. *Mother's Maiden Name,*	Eva Fly
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William DeBaufre
9. *Father's Occupation*	Farmer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Adolph C Eisenberg MD
Address,	1416 Cor Bank & Wolfe Sts
Remarks,	

1950001447

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 12-14-59 16367

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anne Romm 1/22

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 25-th 1895
4. Place of Birth, (Street and Number) 908 E. Balto. St.
5. Full Name of Mother, Beckie Romm
6. Mother's Maiden Name. Beckie Abrahamson
7. Mother's Birthplace, Russia
8. Full Name of Father, Max Romm
9. Father's Occupation, Storekeeper
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, L. A. Seligman M.D.

Address, 735 N. Lombard St.

Remarks, 1989

9950001448

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63608

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 26th 1895
4. *Place of Birth, (Street and Number)* 260 St Peter st
5. *Full Name of Mother,* Jessie Lime Benson
6. *Mother's Maiden Name,* Sterling
7. *Mother's Birthplace,* Balto md
8. *Full Name of Father,* Jake Edward Benson
9. *Father's Occupation,* Saloon Keeper
10. *Father's Birthplace,* Balto md

Name of Medical Attendant, or other person who makes this Return, Susan Waters

Address, 1268 Bayard st

Remarks,

1995000144 9

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 1st 1895
4. *Place of Birth, (Street and Number)* N. 920 Druid Hill ave.
5. *Full Name of Mother,* Maggie Reis
6. *Mother's Maiden Name,* Maggie Kracht
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Reis
9. *Father's Occupation,* Shoe Cutter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, Midwife Theresa Gelle 906 Druid Hill Ave

Remarks,

1 9 4 5 0 0 0 1 4 5 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 63619

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Col

3. Date of Birth, Feb 1/98

4. Place of Birth, (Street and Number) 222 Hanover St

5. Full Name of Mother, Harriet Ridgely

6. Mother's Maiden Name, Harriet Lomotty

7. Mother's Birthplace, Md

8. Full Name of Father, Wm Ridgely

9. Father's Occupation Laborer

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Jas Martin

Address,

Remarks,

1995000145 1

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb. 2/95
4. Place of Birth, (Street and Number) Mahoney's Hospital, 114 W Lombard St
5. Full Name of Mother, Clara Church
6. Mother's Maiden Name, "
7. Mother's Birthplace, Va
8. Full Name of Father, Unknown
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Ufua Lumsden M.D.
115 W Lombard St.

Address,

Remarks,

9950001452

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63612

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Col'd
3. *Date of Birth,* Feb 2/95
4. *Place of Birth, (Street and Number)* 401 N Bruce St
5. *Full Name of Mother,* Lottie Kellum
6. *Mother's Maiden Name,* Lottie Kellum
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* R Johnson
9. *Father's Occupation* Lab'r
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, Jane Woodland

Address,

Remarks,

1895 U 001453

If any child born in Baltimore City shall not have been named as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Mul
3. Date of Birth, Feb 4/98
4. Place of Birth, (Street and Number) 222 Parish Ct
5. Full Name of Mother, Lizzie Jones
6. Mother's Maiden Name, Lizzie Smith
7. Mother's Birthplace, Va
8. Full Name of Father, Wesley Lomp
9. Father's Occupation Lab
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, Jane Moreland

Address,

Remarks,

1995000 1454

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63614

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color; (if not of the white race)* Col
3. *Date of Birth,* Feb 4/95
4. *Place of Birth, (Street and Number)* 877 Hatton
5. *Full Name of Mother,* Rachael Barney
6. *Mother's Maiden Name,* Rachael Beath
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* John Barney
9. *Father's Occupation* Cook
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Jane Maddox

Address,

Remarks,

1995000 1455

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 63615

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 6th 95.
4. Place of Birth, (Street and Number) 913 N. Carolina ave.
5. Full Name of Mother, Nannie G. Johnson
6. Mother's Maiden Name, Nannie G. Ebert
7. Mother's Birthplace, Frederick Md.
8. Full Name of Father, Edward A. Johnson
9. Father's Occupation, R. R. Clerk
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. H. A. Meyer M. D.

Address, 1019 N. Carolina st.

Remarks,

4 4 5 0 0 0 1 4 5 6

Wm J C. Dulany Co., City Printers and Stationers.

...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63616

NAME ADDED. 1 20 61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: NATHAN J. CARROLL

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb 7 A. 1920
4. Place of Birth, (Street and Number) 1114 Etting Street
5. Full Name of Mother, Sarah Carroll
6. Mother's Maiden Name, Sarah Gholson
7. Mother's Birthplace, Virginia
8. Full Name of Father, Nathan Carroll
9. Father's Occupation, Waiter
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Hester Bolance

Address, 609 Preston St

Remarks,

1950004457

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 6361 7

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* ~~Feb 7 th 1895~~ Colored
3. *Date of Birth,* Feb 7 th 1895
4. *Place of Birth, (Street and Number)* 138 Fulton St
5. *Full Name of Mother,* Susie Fulton
6. *Mother's Maiden Name,* Susie Brooks
7. *Mother's Birthplace,* West Virginia
8. *Full Name of Father,* George Fulton
9. *Father's Occupation* Laboring
10. *Father's Birthplace,* West Virginia

Name of Medical Attendant, or other person who makes this Return, Linda Coleman

Address, 709 Fulton St

Remarks,

1995000458

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 2-7-95
4. *Place of Birth, (Street and Number)* Maternity Hospital, 115 W Lombard St
5. *Full Name of Mother,* Blanche Saunders
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Unknown
9. *Father's Occupation,* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return, Alfred J. Gundry M.D.

Address, 115 W Lombard St.

Remarks,

1995 0001459

Wm J C Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63619

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2-7-95
4. Place of Birth, (Street and Number) Maternity Hospital 115 W Lombard St
5. Full Name of Mother, Lizzie Primus
6. Mother's Maiden Name, ..
7. Mother's Birthplace, Va
8. Full Name of Father, Unknown
9. Father's Occupation, ..
10. Father's Birthplace, ..

Name of Medical Attendant, or other person who makes this Return, Alfred Hanbury

Address, 115 W Lombard St

Remarks,

1995000 1460

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 2-9-95
4. Place of Birth, (Street and Number) Maternity Hospital 115 N Lombard St
5. Full Name of Mother, Emma Dearbough
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md
8. Full Name of Father, Unknown
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Alfred T. Gundry M.D.

Address, 115 N Lombard St

Remarks, 9950001461

Wm J C Dulany Co., City Printers and Stationers.

Every Child born in this City, the full name and occupation of its parents, the date and place of birth, the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63621

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 9 - 95
4. Place of Birth, (Street and Number) 15 W 20th St.
5. Full Name of Mother, Julia Gniefska
6. Mother's Maiden Name, X
7. Mother's Birthplace, X
8. Full Name of Father, X
9. Father's Occupation, X
10. Father's Birthplace, J. W. Varnier

Name of Medical Attendant, or other person who makes this Return.

Address, 2435 St. Paul St.

Remarks, 1995000 1462

The full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 63622

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb 9 th 1895
4. Place of Birth, (Street and Number) 1315 Etting St
5. Full Name of Mother, Odie Hughes
6. Mother's Maiden Name, Odie Deaver
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Hughes
9. Father's Occupation Waiter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Hester Colance

Address, 109 Paxton St

Remarks,

1950001463

Wm. J. C. Dulany Co., City Printers and Stationers.

The certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 13623

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 10 th 1895
4. Place of Birth, (Street and Number) 3-41 Preston St
5. Full Name of Mother, Debert Gently
6. Mother's Maiden Name, Fusky
7. Mother's Birthplace, Queen County
8. Full Name of Father, James Gently
9. Father's Occupation, Trader
10. Father's Birthplace, Dorchester Co

Name of Medical Attendant, or other person who makes this Return. Hester Colanes

Address, 3-09 Preston St

Remarks.

1 9 5 0 0 0 1 4 6 4

Wm. J. C. Dulany Co., City Printers and Stationers.

...and shall set forth as far as the same can be ascertained the full name of each child, its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of the marriage of the parents, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63624

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 2-12-40
4. Place of Birth, (Street and Number) Maternity Hospital 115 W Lombard St
5. Full Name of Mother, Alice Smith
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md
8. Full Name of Father, Unknown
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Alfred T. Gundry M.D.
115 W Lombard St.

Address,

Remarks, 1950001465

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63625

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) White male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2-13-95
4. Place of Birth, (Street and Number) Maternité Hospital 115 W Lombard St
5. Full Name of Mother, Jennie Powell
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md
8. Full Name of Father, Unknown
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Alfred F. Gundry M.D.

Address, 115 W Lombard St.

Remarks,

99500001466

Wm J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63626

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) ~~Female~~ White
3. Date of Birth, February 13th 1875.
4. Place of Birth, (Street and Number) No 589 Union St
5. Full Name of Mother, Carrie Farril
6. Mother's Maiden Name, Carrie Golick
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Farril
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, Midwife Theresa Gella 906 Druid Hill Ave

Remarks,

1995001467

said schedule shall be delivered, duly signed by the practitioner [illegible] the date and place of birth; and the third day of each and every month to the office of the Commissioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child. (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63627

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 15th 1875
4. *Place of Birth, (Street and Number)* No 1823 Brunt st
5. *Full Name of Mother,* Mary Whipped
6. *Mother's Maiden Name,* Mary Wales
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Andrew Whipped
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, Midwife Teresa Feller 707 Lemmid lit

Remarks,

1995001468

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 63628

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 13 th 1895
4. Place of Birth, (Street and Number) 1913 Etting St
5. Full Name of Mother, Mary Hicks
6. Mother's Maiden Name, Mary Coffee
7. Mother's Birthplace, Queen Ann Co
8. Full Name of Father, James Hicks
9. Father's Occupation, Waiter
10. Father's Birthplace, Queen Ann Co

Name of Medical Attendant, or other person who makes this Return, Hunter & Hance

Address, 809 Preston

Remarks,

1995 0001469

Wm. J. C. Dulany Co., City Printers and Stationers.

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63629

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 18th 95.
4. Place of Birth, (Street and Number) 1424 E. Madison st.
5. Full Name of Mother, Alice Lutz
6. Mother's Maiden Name, Alice Meck
7. Mother's Birthplace, Alsace Germany
8. Full Name of Father, John A. Lutz
9. Father's Occupation, Mail Driver
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return, Charles H. Meyer M.D.

Address, 1019 N. Caroline St

Remarks, 1995001470

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 2-22-95
4. Place of Birth, (Street and Number) Maternity Hospital 115 W Lombard
5. Full Name of Mother, Jessie Banister
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md
8. Full Name of Father, Unknown
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return. Alfred C. Gundry M.D.

Address, 115 W Lombard St

Remarks,

1 9 5 0 0 0 1 4 7 1

Wm J C. Dulany Co., City Printers and Stationers.

...child conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Agnes Margaret Born Feb 24 1895
4. Place of Birth, (Street and Number) 1023 W. Baltimore St. Balto City
5. Full Name of Mother, Catherine E. Truelove
6. Mother's Maiden Name, Spence
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Wm Truelove
9. Father's Occupation, Laundryman
10. Father's Birthplace, Patterson N.J.

Name of Medical Attendant, or other person who makes this Return, Margaret E. Waters

Address, # 1328 W. Baltimore St

Remarks, 1995000 1472

Wm J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63632

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2-26-95
4. Place of Birth, (Street and Number) Maternité Hospital, 115 W Lombard St
5. Full Name of Mother, Mrs Meuttes
6. Mother's Maiden Name, Unknown
7. Mother's Birthplace, Germany
8. Full Name of Father, Unknown
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Alfred F. Sunday M.D.

Address, 115 W. Lombard St

Remarks,

19500001473

Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63 633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 26 Feb 11 1898
4. *Place of Birth, (Street and Number)* 2015 Brunt St
5. *Full Name of Mother,* Mary J Mc Royal
6. *Mother's Maiden Name,* Mary J Emaer
7. *Mother's Birthplace,* Eastern Shore Maryland
8. *Full Name of Father,* Charles Mc Royal
9. *Father's Occupation* Coachman
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Hecter Colance

Address, 602 Preston St

Remarks,

9950001474

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63634

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 2-27-95
4. Place of Birth, (Street and Number) Maternite Hospital. 115 W Lombard St
5. Full Name of Mother, Mary Pettis
6. Mother's Maiden Name, "
7. Mother's Birthplace, Virginia
8. Full Name of Father, Unknown
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return. Alfred I. Gundry M.D.

Address, 115 W Lombard St.

Remarks, 1995000 1475

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63635

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col
3. *Date of Birth,* Feb 28 95
4. *Place of Birth, (Street and Number)* 117 Bruce St
5. *Full Name of Mother,* Beatrice Gaida
6. *Mother's Maiden Name,* Beatrice Moreland
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Francis Gaida
9. *Father's Occupation* Labr
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, James Markland

Address,

Remarks,

1995000476

Wm. J. C. Dulany Co., City Printers and Stationers.

Every contract, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 63635

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28 Feb 1899
4. *Place of Birth, (Street and Number)* 1536 Carolina St.
5. *Full Name of Mother,* Maria Lehmann
6. *Mother's Maiden Name,* Maria Holzmeyer
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Julius Lehmann
9. *Father's Occupation,* —
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 N. Central Avenue

Remarks,

1950001477

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. Child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White race
3. Date of Birth, febery 28 1895
4. Place of Birth, (Street and Number) 129 Pratt st
5. Full Name of Mother, Anna Geppe
6. Mother's Maiden Name, Anna Manta
7. Mother's Birthplace, Chiadel
8. Full Name of Father, Rosario Geppe
9. Father's Occupation fruit dealer
10. Father's Birthplace, Giovanni

Name of Medical Attendant, or other person who makes this Return Jas Taylor

Address, 41 Guilford alley

Remarks,

1995 0061478

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 63638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Blk
3. Date of Birth, Feby 2 1895
4. Place of Birth, (Street and Number) 402 Lexington Ct.
5. Full Name of Mother, Alice Graham
6. Mother's Maiden Name, Allen
7. Mother's Birthplace, City.
8. Full Name of Father, Wm Graham
9. Father's Occupation Laborer
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, Edw Geer

Address,

Remarks, 95000479

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 7th 95
4. Place of Birth, (Street and Number) 221 S Eden St
5. Full Name of Mother, Lula F. Thompson
6. Mother's Maiden Name, Macauley
7. Mother's Birthplace, Balto
8. Full Name of Father, Chas M. Thompson
9. Father's Occupation Commission Merchant
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return E. B. Button M.D.

Address, 1711 E. Balto St.

Remarks, 1945008480

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Feby 9th 95
4. Place of Birth, (Street and Number) 576 H Alley
5. Full Name of Mother, Maggie Dorsey
6. Mother's Maiden Name, do do
7. Mother's Birthplace, City
8. Full Name of Father, Unknown
9. Father's Occupation do
10. Father's Birthplace, do

Name of Medical Attendant, or other person who makes this Return, Edward Geer

Address,

Remarks,

1995000148 1

Wm. J. C. Dulany Co., City Printers and Stationers

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Blk
3. Date of Birth, 2/19/95
4. Place of Birth, (Street and Number) 208 Rodgers Ave
5. Full Name of Mother, ~~Rachael~~ Sarah Bennett.
6. Mother's Maiden Name, Sarah Bennett.
7. Mother's Birthplace, City
8. Full Name of Father, Unknown
9. Father's Occupation "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, [signature]

Address,

Remarks,

1995000 1482

Wm. J. C. Dulany Co., City Printers and Stationers.

Each Commissioner of Health shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63642

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	July 19 - 95
4. *Place of Birth, (Street and Number)*	12 Smith's Court
5. *Full Name of Mother,*	Maggie Smith
6. *Mother's Maiden Name,*	Maggie Henderson
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	John Smith
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return,	[signature]
Address,	
Remarks,	Edwin Geer.

1995000148 3

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers.

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* February 23. 1895
4. *Place of Birth, (Street and Number)* 26 Darby st Carrol Balto
5. *Full Name of Mother,* Mary Jennings
6. *Mother's Maiden Name,* × × ×
7. *Mother's Birthplace,* Prince George Co.
8. *Full Name of Father,* × × ×
9. *Father's Occupation,* × × ×
10. *Father's Birthplace,* × × ×

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Hicks

Address, Carroll Po office Balto. City

Remarks,

1995000 1484

John Murphy & Co., City Printers and Stationers.

GIVEN NAME ADDED 3-24-60

RETURN OF A BIRTH. 63644

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Jene Blake ——— Johnston

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 23rd 1895
4. Place of Birth, (Street and Number) 1700 E. Lanvale st.
5. Full Name of Mother, Mamie M. Johnston
6. Mother's Maiden Name, " " Blake
7. Mother's Birthplace, City
8. Full Name of Father, Wm. L. Johnston
9. Father's Occupation, Printer
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby M.D.

Address, 1219 N. Caroline st.

Remarks,

1995000 1485

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63645

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 26th 1895
4. Place of Birth, (Street and Number) 1821 Virginia Ave.
5. Full Name of Mother, Annie M. Bechtel
6. Mother's Maiden Name, Holmes
7. Mother's Birthplace, Conn.
8. Full Name of Father, J. G. Bechtel
9. Father's Occupation Plater
10. Father's Birthplace, Philada.

Name of Medical Attendant, or other person who makes this Return, E. B. Britton M.D.

Address, 1711 E. Baltimore St.

Remarks, 9 9 5 0 0 0 1 4 8 6

been conferred) its sex, color, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

63646

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 27. 95
4. *Place of Birth, (Street and Number)*	618 N. Loos St.
5. *Full Name of Mother,*	Johanna Loos
6. *Mother's Maiden Name,*	" Kein
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Louis Loos
9. *Father's Occupation,*	Commission
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	L. L. Baxter M.D.
Address,	418 S. Paca St.
Remarks,	19950001487

John Murphy & Co., City Printers and Stationers.

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby 12th 1895
4. Place of Birth, (Street and Number) 1309 N. Stricker St.
5. Full Name of Mother, Jennie Warner
6. Mother's Maiden Name, Whitten
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Edwd H. Warner
9. Father's Occupation Machinist
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, John Neff M.D.

Address, 701 N. Carrollton Ave

Remarks,

1995U0001488

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63648

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second & not
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 1st 1870
4. *Place of Birth, (Street and Number)*	1612 Pennsylvania Ave
5. *Full Name of Mother,*	Florence Krone
6. *Mother's Maiden Name,*	Florence Wehl
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Peter Krone
9. *Father's Occupation*	Machinist
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Rev Heerzebel
Address,	543 W Mechanic St
Remarks,	1995000 1489

The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1 February
4. *Place of Birth, (Street and Number)* Dale St 1217
5. *Full Name of Mother,* Mary Lemininsky
6. *Mother's Maiden Name,* Vilsnovska
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* John Lemininsky
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return,

Address, Mary Pietl

Remarks, S. Bond St 838

1995001490

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby 3rd 95
4. Place of Birth, (Street and Number) 706 N. Wolf St
5. Full Name of Mother, Clara A. Stone
6. Mother's Maiden Name, Hoddinott
7. Mother's Birthplace, Somerset Co Md
8. Full Name of Father, James B Stone
9. Father's Occupation, Merchant
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. S. H. Schaefer MD

Address, 104 N Bryson St

Remarks, 1995000149 1

This Return shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63651

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, 1 February
4. Place of Birth, (Street and Number) 1136 Vai St.
5. Full Name of Mother, Josephine Hoover
6. Mother's Maiden Name, Baltman
7. Mother's Birthplace, Washington
8. Full Name of Father, Colin Th. Hoover
9. Father's Occupation, Laylor
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return. Anna Walker

Address, 928 N. Conk Ave

Remarks,

995000 1492

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 11 1895
4. *Place of Birth, (Street and Number)* 158 Dolphin St
5. *Full Name of Mother,* Alice Louise
6. *Mother's Maiden Name,* Alice Swan
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Thomas Swan
9. *Father's Occupation* Porter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Anna Koenigsdorf

Address, 513 N. Market St

Remarks, 19950001493

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 1-16-59

RETURN OF A BIRTH. 63653

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lillian Bertha Matthews

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th of febuary 1895

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Ten oclock tuesday morning Feb 5 1895
4. Place of Birth, (Street and Number) 2308 Etting Strat
5. Full Name of Mother, Mrs Bettie Johnson
6. Mother's Maiden Name, Miss Bettie Braxton
7. Mother's Birthplace, Howard County Md
8. Full Name of Father, Mr John T. Johnson
9. Father's Occupation Waiter
10. Father's Birthplace, Howard County Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Mary C Day

Address, 2308 Etting Strat

Remarks, 23 25 Division

been conferred. Its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of mldwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

CERTIFICATE CORRECTED 6-27-51

RETURN OF A BIRTH. 63654

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Robert Clinton ~~Geisendaffer~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sex

1. Sex, (state whether male or female) ~~Female~~ Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 6th 1895
4. Place of Birth, (Street and Number) 1627 N. Carey St.
5. Full Name of Mother, Mary Ella Geisendaffer
6. Mother's Maiden Name, Mary Ella Dudley
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Charles P. Geisendaffer
9. Father's Occupation Oyster Business
10. Father's Birthplace, Alexandria Va

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs Mary F Shockney

Remarks, 731 Lemmon St 6 2 9, W 9 5

And certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63655

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* feb 1 1895
4. *Place of Birth, (Street and Number)* 1120 whatcoat st
5. *Full Name of Mother,* Martha Ellen Tilghman
6. *Mother's Maiden Name,* Martha Ellen Johnson
7. *Mother's Birthplace,* anneramdle county
8. *Full Name of Father,* Thomas Tilghman
9. *Father's Occupation* steveldor
10. *Father's Birthplace,* caroll county Maryland

Name of Medical Attendant, or other person who makes this Return, Maria Jones

Address, 1327 Whatcoat street

Remarks, 9500014966

Wm. J. C. Dulany Co., City Printers and Stati

RETURN OF A BIRTH. 63656

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* February 2. 1895
4. *Place of Birth, (Street and Number)* 48 S. Green St
5. *Full Name of Mother,* Rachel Cohen
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Chaskel Cohen
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs L. Bernstein

Address, 122 S. Exeter St

Remarks,

1895000 1497

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 6365

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 9th 1895
4. Place of Birth, (Street and Number) 1711 Baker St
5. Full Name of Mother, Marianna O'Brien
6. Mother's Maiden Name, Gerhauser
7. Mother's Birthplace, Port Osborne
8. Full Name of Father, Edw O'Brien
9. Father's Occupation, Car builder
10. Father's Birthplace, Penn

Name of Medical Attendant, or other person who makes this Return, Chas E Cadden

Address, 1839 Bolton St

Remarks, 8950001498

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth Feb 9 - 1895

4. Place of Birth (Street and Number) 743 W. Lexington St

5. Full Name of Mother Bessie M. Adams

6. Mother's Maiden Name Bessie M Edams

7. Mother's Birthplace Va

8. Full Name of Father Dorsey E. Adams

9. Father's Occupation Salesman

10. Father's Birthplace Va.

Name of Medical Attendant, or other Person who makes this Return. John G. Harris M.D.

Address 773 W. Lexington St.

Remarks

8950001499

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 63659

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Feber. 10. 95.
4. *Place of Birth, (Street and Number)* 1431 Gough Str
5. *Full Name of Mother,* Grace Rodmann
6. *Mother's Maiden Name,* Siegelman
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Benj Rodmann
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernstein

Address, 122 S. Exeter str

Remarks,

1 8 9 5 0 0 0 1 5 0 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 63660

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 10th 1895
4. *Place of Birth, (Street and Number)* 2301 Guilford Ave
5. *Full Name of Mother,* Mary Orill
6. *Mother's Maiden Name,* Rohlhoff
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Henry Orill -
9. *Father's Occupation,* Saloonkeeper -
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Chas E Sadtler

Address, 1839 Bolton St

Remarks,

8950001501

Said Certificate its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63661

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 11. 1915.
4. *Place of Birth, (Street and Number)* 306 N. Exeter Str
5. *Full Name of Mother,* Jennie Plimac
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Ike Plimac
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernstein

Address, 122 S. Exeter Str.

Remarks,

8950001502

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63662

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, ~~Bradley alley~~ Feb 11 1895
4. Place of Birth, (Street and Number) Baradley Alley 817
5. Full Name of Mother, Mary A Harris
6. Mother's Maiden Name, Mary A Myers
7. Mother's Birthplace, Elliotcuts City
8. Full Name of Father, Charles Myers
9. Father's Occupation Common Laborer
10. Father's Birthplace, Howard County

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, 8 9 5 0 0 0 1 5 0 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife, physician or practitioner in attendance upon any case of birth shall, within the period above required, report to the Commissioner of Health the name, sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63663

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 4 1895
4. *Place of Birth, (Street and Number)*	2034 Druid Hill Ave
5. *Full Name of Mother,*	Rose Chapman
6. *Mother's Maiden Name,*	Evans
7. *Mother's Birthplace,*	Canada
8. *Full Name of Father,*	George Chapman
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other person who makes this Return,	Chas E Faithen
Address,	1834 Bolton St
Remarks,	

1 8 9 5 0 0 0 1 5 0 4

Wm J. C. Dulany Co., City Printers and Stationers.

Every birth shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63664

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. Feb 2/95
4. Place of Birth, (Street and Number) 2121 E Pratt St.
5. Full Name of Mother, Catherine L F. Parrott
6. Mother's Maiden Name, Hill
7. Mother's Birthplace, Balto
8. Full Name of Father, John C Parrott
9. Father's Occupation, Conductor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, S H Sellmer M D

Address, 1511 E Fayette St.

Remarks, 8950001505

Every child born within the City of Baltimore shall be reported by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

1-26-60

RETURN OF A BIRTH. 63665

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Andrew Theodore Ernst

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Feb. 12. 1895
4. Place of Birth, (Street and Number) 1214 Gough St.
5. Full Name of Mother, Mary Ernst
6. Mother's Maiden Name, Heeis
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Ernst
9. Father's Occupation
10. Father's Birthplace. Europe

Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernstein

Address, 122 S. Exeter St.

Remarks,

8950001506

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-19-55

RETURN OF A BIRTH. 63666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Katherine Grace Clark 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 12 1895
4. Place of Birth, (Street and Number) 204 Bolton St
5. Full Name of Mother, Kate Clark
6. Mother's Maiden Name, ~~Kate~~ Getzendanner
7. Mother's Birthplace, Balto
8. Full Name of Father, Geo F Clark
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Chas C Sadtler

Address, 839 Bolton St

Remarks,

1895 0001507

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) White Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 13: 96

4. Place of Birth, (Street and Number) 2419 McCulloh St

5. Full Name of Mother, Bessie F. Johns

6. Mother's Maiden Name, " " Spark

7. Mother's Birthplace, Pottsville Pa

8. Full Name of Father, H. H. Johns

9. Father's Occupation Salesman

10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return, D C Williams

Address, 1128 Cathedral St

Remarks,

8 9 5 0 0 0 1 5 0 8

Geo. C. Dulany Co., City Printers and Stationers.

Each certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63668

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 13th 1895
4. *Place of Birth, (Street and Number)*	1734 N Calhoun St
5. *Full Name of Mother,*	Annie Bryan ~~Carroll~~
6. *Mother's Maiden Name,*	Carroll
7. *Mother's Birthplace,*	Balto Co.
8. *Full Name of Father,*	Jas Bryan
9. *Father's Occupation,*	Policeman
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return.	Chas E Sadler
Address,	1839 Bolton St
Remarks,	

1 8 9 5 0 0 0 1 5 0 9

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 63669

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* Color.
3. *Date of Birth* Feb. 14 1898.
4. *Place of Birth (Street and Number)* 1562 Pennsylvania ave.
5. *Full Name of Mother* Laura Skinner
6. *Mother's Maiden Name* Laura Hooley
7. *Mother's Birthplace* Edenton N.C.
8. *Full Name of Father* Willie F. Skinner
9. *Father's Occupation* Teacher
10. *Father's Birthplace* S. Carolina

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary C. Jones.

Address 412 Saratoga St.

Remarks

1895000151 0

RETURN OF A BIRTH. 63670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 15 1895
4. Place of Birth, (Street and Number) 151 N Stricker
5. Full Name of Mother, Annie Hardesty
6. Mother's Maiden Name, Sweeny
7. Mother's Birthplace, Penna
8. Full Name of Father, Geo Co
9. Father's Occupation, Alan Hardesty
10. Father's Birthplace, Street R R Employee

Name of Medical Attendant, or other person who makes this Return, Anne Arundel Co

Address, Chas E Sadtler

Remarks,

8950001511

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63671

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 15th 1895
4. *Place of Birth, (Street and Number)*	137 N Carey
5. *Full Name of Mother,*	Belle Troy
6. *Mother's Maiden Name,*	McGuire
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	George Troy
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Chas E Sadtler
Address,	
Remarks,	

8950001512

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 3d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* whit
3. *Date of Birth,* February 16. 1895
4. *Place of Birth, (Street and Number)* 211 Albemarle St
5. *Full Name of Mother,* Hanna Lillis
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Inland
8. *Full Name of Father,* Thomas Lillis
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Inland

Name of Medical Attendant, or other person who makes this Return, Mrs E. Bernstein

Address, 122 S. Exeter St.

Remarks,

8950001513

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63673

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 17 February
4. Place of Birth, (Street and Number) 1112 Tholbrook st.
5. Full Name of Mother, Hate Thagenz
6. Mother's Maiden Name, Behn
7. Mother's Birthplace, Ireland
8. Full Name of Father, Lewis Thagenz
9. Father's Occupation, moulder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 N. Central Avenue

Remarks,

8950001514

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63694

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1895000151 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3 *Date of Birth,*	Feby 20 95
4. *Place of Birth, (Street and Number)*	940 N Washington St
5. *Full Name of Mother,*	Elizabeth Peter
6. *Mother's Maiden Name,*	Timmerman
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Joseph H. Peter
9. *Father's Occupation,*	Cutter
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	O. H. Schiffner M.D.
Address,	1501 N Linwood Av
Remarks,	8950001516

Every birth shall be duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 11/95
4. Place of Birth, (Street and Number) 615 N. Castle St
5. Full Name of Mother, Kunigunda Koschut
6. Mother's Maiden Name, Loeffler
7. Mother's Birthplace, Germany
8. Full Name of Father, Michael Koschut
9. Father's Occupation, Cabinet maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, S. H. Oldfather M.D.

Address, 1541 E Eager St

Remarks,

8950001517

Wm J C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

63677

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Margaret Baldner Cooper

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Feb. 21 1855

4. Place of Birth (Street and Number) 1007 N. Mulberry

5. Full Name of Mother Carrie O. Cooper

6. Mother's Maiden Name Carrie O. Cook

7. Mother's Birthplace Md

8. Full Name of Father James P. Cooper

9. Father's Occupation Salesman

10. Father's Birthplace N. C.

Name of Medical Attendant, or other Person who makes this Return. John C. Harris M.D.

Address 1737 N. Lexington St

Remarks

8950001518

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 63678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21 February
4. Place of Birth, (Street and Number) Aliceana Str. 1317
5. Full Name of Mother, Julia Jankevii
6. Mother's Maiden Name, Blajkolsky
7. Mother's Birthplace, Pole
8. Full Name of Father, Stanislav Jankevic
9. Father's Occupation Shoemaker
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return,

Address, Mary Pl.

Remarks, S. Bond St. # 38

1895000151 9

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21 February
4. *Place of Birth, (Street and Number)* Sangester St 1867
5. *Full Name of Mother,* Lucy Zamensky
6. *Mother's Maiden Name,* Pupal
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Lorenz Zamensky
9. *Father's Occupation* Work-man
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pretl

Address, S. Bond St 138

Remarks,

1895000152 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63680

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, February 21. 1895
4. Place of Birth, (Street and Number) 912 Stiles St
5. Full Name of Mother, Becca Heymann
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Henry Heymann
9. Father's Occupation Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernstein

Address, 122 S. Exeter St

Remarks,

8950001521

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63681

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feby 27/95
4. *Place of Birth, (Street and Number)* 1109 Porter St
5. *Full Name of Mother,* Amelia Motz
6. *Mother's Maiden Name,* Stuninger
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frank Motz
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, S. H. Soldner M.D.

Address, 1511 S Ann st

Remarks, 1 8950001522

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63682

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* Color
3. *Date of Birth* Feb 21/1897
4. *Place of Birth (Street and Number)* # 1333 Shields alley
5. *Full Name of Mother* Jessie C. Gotton
6. *Mother's Maiden Name* Jessie Ray
7. *Mother's Birthplace* Essex Co Md.
8. *Full Name of Father* George Cotton
9. *Father's Occupation* Driver.
10. *Father's Birthplace* Eastern shore

Name of Medical Attendant, or other Person who makes this Return. Mary C Jones.

Address # 12 Saratoga Street.

Remarks

8950001523

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 63683

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* 22 February
4. *Place of Birth, (Street and Number)* Laurel st. & 30
5. *Full Name of Mother,* Anna Smit
6. *Mother's Maiden Name,* Fidinak
7. *Mother's Birthplace,* Hungar
8. *Full Name of Father,* Anton Smit
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Hungar

Name of Medical Attendant, or other person who makes this Return,

Address, Mary Path

Remarks, 1. Bond st. & 38

1895000524

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 63684

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24 February
4. *Place of Birth, (Street and Number)* S. Bond st 708
5. *Full Name of Mother,* Mary Mechlinsky
6. *Mother's Maiden Name,* Slotowsky
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Joseph Mechlinsky
9. *Father's Occupation* Bersaler
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return,

Address, Mary Pratt

Remarks, S. Bond St 838

1895 0001525

and scheme shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 63685

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), Colored
3. Date of Birth, February 24
4. Place of Birth (Street and Number), # 11 Brightwood
5. Full Name of Mother, Laura Anderson
6. Mother's Maiden Name, Laura Anderson
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Charles Pitt
9. Father's Occupation, Watchman
10. Father's Birthplace, North Carolina

Name of Medical Attendant, or other person who makes this Return, Edna Howe

Address, 1826 Druid Hill Ave

Remarks,

1895000152 6

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. 13186

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) color
3. Date of Birth, born on the 25 of February
4. Place of Birth, (Street and Number) 1212 Hodges ave
5. Full Name of Mother, Mary E. Jones
6. Mother's Maiden Name, Mary E. Lemmy
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Jones
9. Father's Occupation, Worker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mother occupation Worker

Address,

Remarks,

8 9 5 0 0 0 1 5 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife shall make a return in writing to the office of the Commissioner of Health, on the first day of each and every month, of every case of which she shall have had charge during the month next preceding, and shall also make a certificate between the first and attendance upon the mother, immediately thereafter it shall become the duty of any child to report its birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 63687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 25 / 95
4. Place of Birth, (Street and Number) 21 E Eutaw st.
5. Full Name of Mother, Ida J Fay
6. Mother's Maiden Name, do Davis
7. Mother's Birthplace, Va.
8. Full Name of Father, Chas H. Fay
9. Father's Occupation, Fireman
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. E. D. Ellis.

Address, 915 Light st

Remarks,

8 9 5 0 0 0 1 5 2 8

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Each Card, if any shall have ... Health. In case the birth of any child ... Commissioner of Health, in the manner and within the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-17-66

RETURN OF A BIRTH. 63688 L

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name. Agnes Madigan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth. 27 February, 1895
4. Place of Birth, (Street and Number) 1012 Hollbrook St.
5. Full Name of Mother, Hanna Madigan
6. Mother's Maiden Name, Shehan
7. Mother's Birthplace, Ireland
8. Full Name of Father, Patrick Madigan
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N. Carey Avenue

Remarks,

8950001529

third day of each and every month to the office of the Commissioner of Health a certificate in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63689

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) /
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Feb. 28 Th. 1895.
4. Place of Birth, (Street and Number) Hudson. St. No 2618.
5. Full Name of Mother, Praxela. Plewacka.
6. Mother's Maiden Name, Kowalewska.
7. Mother's Birthplace, Poland.
8. Full Name of Father, Tomas. Plewacki
9. Father's Occupation, Labor
10. Father's Birthplace, Poland.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1 8 9 5 0 0 0 1 5 3 0

Wm J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63690 c

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. *Sex (state whether male or female)* female

2. *Race or Color (if not of the white race)* Colored

3. *Date of Birth* 28 Feb 95

4. *Place of Birth (Street and Number)* 229 Carlton st

5. *Full Name of Mother* Annie Coates

6. *Mother's Maiden Name* Goss

7. *Mother's Birthplace* E. Virginia

8. *Full Name of Father* Peter Coates

9. *Father's Occupation* Coachman

10. *Father's Birthplace* E. Virginia

Name of Medical Attendant, or other Person who makes this Return. Mary E. Jones

Address 1121 Stratford ave

Remarks

1 8 9 5 0 0 0 1 5 3 1

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 13691

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. *Sex (state whether male or female)* female

2. *Race or Color (if not of the white race)* colored

3. *Date of Birth* 28 Feb 95-

4. *Place of Birth (Street and Number)* 648 Lattimore St

5. *Full Name of Mother* Annie E Martins

6. *Mother's Maiden Name* Douglass

7. *Mother's Birthplace* Britton

8. *Full Name of Father* Geo Jenkins

9. *Father's Occupation* waiter

10. *Father's Birthplace* Britton

Name of Medical Attendant, or other Person who makes this Return. Mary E Jones

Address 1121 Saratoga St

Remarks

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8 4 5 0 0 0 1 5 3 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63693

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Apr 7. 1894
4. *Place of Birth, (Street and Number)*	Fairfield
5. *Full Name of Mother,*	Kate Williams
6. *Mother's Maiden Name,*	Small
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Samuel Williams
9. *Father's Occupation*	Longshoreman
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	W. Grimes M.D.
Address,	Fayette & Wolfe
Remarks,	

B 9 5 0 0 0 1 5 3 3

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 63692

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29 February 1904
4. Place of Birth, (Street and Number) 1516 Washington St
5. Full Name of Mother, Mollie Kaufman
6. Mother's Maiden Name, Unknown
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Kaufman
9. Father's Occupation, Collector
10. Father's Birthplace, Dorchester Co. Md

Name of Medical Attendant, or other person who makes this Return, Mrs Bruns

Address,

Remarks,

8450001534

Wm. J. C. Dulany Co., City Printers and Stationers.

and a Return shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63694

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* February 20. 1895
4. *Place of Birth, (Street and Number)* 1114 E. Fayette St
5. *Full Name of Mother,* Lina Jacobs
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Solomon Jacobs
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Li. Bernstein

Address, 142 S. Exeter St

Remarks,

1895 0001535

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63695

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 20 95
4. *Place of Birth, (Street and Number)* 1811 Eastern Ave
5. *Full Name of Mother,* Mary Louise
6. *Mother's Maiden Name,* Parks
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Lee Bloom
9. *Father's Occupation* Salesman
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Grant Emerson M.D.

Address, 1811 Eastern Ave

Remarks,

8950001536

Wm. J. C. Dulany Co., City Printers and Stationers

...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 4-13-59

RETURN OF A BIRTH. 6,36

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Katherine Goldberg

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5 Feb 1895
4. Place of Birth, (Street and Number) 239 E High St
5. Full Name of Mother, Anne Goldberg
6. Mother's Maiden Name, Rosenberg
7. Mother's Birthplace, Russia
8. Full Name of Father, Philip Goldberg
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, 42 Albemarle St

Remarks,

8950001537

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5 Oct 1895
4. Place of Birth, (Street and Number) 827 E. Pratt St.
5. Full Name of Mother, Lillie Rise
6. Mother's Maiden Name, Seibot
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Samuel Rose
9. Father's Occupation, Conductor on cars
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 72 Aisquith St.

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

1895000 1538

RETURN OF A BIRTH.

CERTIFICATE CORRECTED 4-13-59 63698

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Nathan Goldstein

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9 Feb 1895
4. Place of Birth, (Street and Number) 1717 Gough St.
5. Full Name of Mother, Fannie Goldstein
6. Mother's Maiden Name, Kolowang
7. Mother's Birthplace, Russia
8. Full Name of Father, Morris Goldstein
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Fehrman

Address, 42 Albemarle St

Remarks,

third day of each and every month to the office of the Commissioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

1895000 1539

RETURN OF A BIRTH. 63699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10 Feb. 1892
4. Place of Birth, (Street and Number) 128 Harrison St.
5. Full Name of Mother, Annie Lewis
6. Mother's Maiden Name, Finkelstein
7. Mother's Birthplace, Russia
8. Full Name of Father, Simon Lewis
9. Father's Occupation, Shoe-maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. Schuman

Address, 42 Albemarle St

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

+ 8950001540

RETURN OF A BIRTH. 63700.

GIVEN NAME ADDED 4-1-66

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Solomon Eckelstein

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 Feb 1895
4. Place of Birth, (Street and Number) 28 Hanover Baltimore
5. Full Name of Mother, Hettie Eckelstein
6. Mother's Maiden Name, Lackie
7. Mother's Birthplace, Russia
8. Full Name of Father, Jacob Eckelstein
9. Father's Occupation, Store keeper
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. Sherman

Address, 42 Aisquith St.

Remarks,

1895 U 0 0 1 5 4 1

Rec'd of Vital Statistics, Baltimore

...ticing midwifery in the City of ...
...ace, shall keep a true a... ...
...rnished by the Commi... ...
...under his or her care d... ...
...of each child, if any sh... ...
...date and place of birth; ...
...certificate between the fi...
In case the birth of any ...
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person ...
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of ...
...ner and within the period above required, ...
...th the provisions of this section shall be ...
...as other fines and forfeitures are recovera...

...C. Bulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*

2. *Race or Color, (if not of the white race*

Date of Birth,

Place of Birth, (Street and Number)

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

Full Name of Father,

Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 8 Y 5 U 0 0 1 5 4 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d~~, ~~3d~~, ~~&c.~~) .....

1. *Sex, (state whether ~~male~~ or female)* .....
2. *Race or Color, (if not of the white race)* .....
3. *Date of Birth,* March 13th
4. *Place of Birth, (Street and Number)* 925 N Carey St
5. *Full Name of Mother,* Kate Dillon
6. *Mother's Maiden Name,* " Johnson
7. *Mother's Birthplace,* Liverpool England
8. *Full Name of Father,* H. F. Dillon
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return, John S. Steck

Address, 611 N Lafayette Ave

Remarks, ...

B 4 5 0 0 0 1 5 4 3

said scheme shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63796

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	March 13 1895
4. *Place of Birth, (Street and Number)*	414 Little William St
5. *Full Name of Mother,*	Jane Walker
6. *Mother's Maiden Name,*	Jane Gracey
7. *Mother's Birthplace,*	Lancaster Co Pa
8. *Full Name of Father,*	Peter Parker
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Colbert County
Name of Medical Attendant, or other person who makes this Return,	Mary Parker
Address,	414 Little William St
Remarks,	1895 0 0 1 5 4 4 Colored Child

and scheme shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 63797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* born 13th March
4. *Place of Birth, (Street and Number)* # 618 Stratford Ave
5. *Full Name of Mother,* Mary Obert
6. *Mother's Maiden Name,* Lubeck
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* August Obert
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Dr. J. Frost

Address, 1917 E. Monument St.

Remarks, 8 7 5 0 0 0 1 5 4 5

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 13 March 1895
4. *Place of Birth, (Street and Number)* 1314 S. Charles st
5. *Full Name of Mother,* Emma C. L. Steinwald
6. *Mother's Maiden Name,* Egner
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Otto P. Steinwald
9. *Father's Occupation* Musical Director
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 434 Fort ave.

Remarks,

8450001546

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 63799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 13 '4,
4. *Place of Birth, (Street and Number)*	Lancaster to 1615
5. *Full Name of Mother,*	Caroline Dobrowolski
6. *Mother's Maiden Name,*	Ruslinska
7. *Mother's Birthplace,*	Poland
8. *Full Name of Father,*	Dom Dobrowolski
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Poland
Name of Medical Attendant, or other person who makes this Return,	Mary Kotz
Address,	602 1/2 Bond St
Remarks,	

8950001547

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63800

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.) 2nd

1. *Sex, (state whether ~~male or~~ female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 14th 1895
4. *Place of Birth, (Street and Number)* 903 W. Lombard St
5. *Full Name of Mother,* Elizabeth Hearn,
6. *Mother's Maiden Name,* Dr Brannin
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Edw. J. Hearn,
9. *Father's Occupation* Saloon Keeper
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Joseph O Wunder MD

Address, 1075 W. Baltimore St

Remarks, Right Sacro Iliac Luxation

Reduced Dec 5 1898

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 63811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 14/95
4. Place of Birth, (Street and Number) 225 N Pafflton
5. Full Name of Mother, Mary E. Pyne
6. Mother's Maiden Name, E Gill
7. Mother's Birthplace, City
8. Full Name of Father, Chas E. Pyne
9. Father's Occupation, Laborer
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, W F Gill M.D.

Address, 1001 Ed Ave

Remarks, Premature & dead born

1895000 1549

after fourth

The above birth must be registered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63802

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mar: 14th (12 p.m.)
4. Place of Birth, (Street and Number) 220 Lawrence St.
5. Full Name of Mother, Mattie E. Harkell
6. Mother's Maiden Name, Carrow
7. Mother's Birthplace, Balto
8. Full Name of Father, Geo. C. Harkell
9. Father's Occupation, Architect
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Dept Powell MD

Address, 805 Park Ave

Remarks, Natural, Easy

8 4 5 0 0 0 1 5 5 0

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 63803

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5.
1. *Sex, (state whether male or female)*	Male, (Howard a.D.D. 4/8/20
2. *Race or Color, (if not of the white race)*	W.
3. *Date of Birth,*	14 March 1895.
4. *Place of Birth, (Street and Number)*	111 N. Poppleton,
5. *Full Name of Mother,*	Annie Krauer,
6. *Mother's Maiden Name,*	Spitman
7. *Mother's Birthplace,*	Balto. City,
8. *Full Name of Father,*	John Krauer,
9. *Father's Occupation,*	Lithographer,
10. *Father's Birthplace,*	Germany,
Name of Medical Attendant, or other person who makes this Return.	J. F. Engle M.D.
Address,	1007 W. Lanvale
Remarks,	8950001551

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 63804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 14/95. 4 oclk. a m.
4. *Place of Birth, (Street and Number)* 1061 Orleans St.
5. *Full Name of Mother,* Mencha Meyerhoff
6. *Mother's Maiden Name,* Mencha Godeteine
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Julius Meyerhoff
9. *Father's Occupation,* Floral artist
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. A D Jayne M D

Address,

Remarks,

1 8 9 5 0 0 0 1 5 5 2

been concerned, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 63805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) This is the ninth One

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March - 14 - 1895
4. Place of Birth, (Street and Number) 311 Hargrove Alley
5. Full Name of Mother, Martha Ellen Short
6. Mother's Maiden Name, Martha E. Milburn
7. Mother's Birthplace, Saint Marys County Md
8. Full Name of Father, Burton James Short
9. Father's Occupation, Labor
10. Father's Birthplace, St Marys County Md

Name of Medical Attendant, or other person who makes this Return. Mrs Charity Jones

Address, 509 Hargrove Lt Balto Md

Remarks,

8950001553

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 63816

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, March 14th — 1895.
4. Place of Birth, (Street and Number) 927 W. Lombard. st.
5. Full Name of Mother, Ida. May. Whalen.
6. Mother's Maiden Name, Ida May Ritchie
7. Mother's Birthplace, Washington. D.C.
8. Full Name of Father, Ellsworth. Whalen.
9. Father's Occupation Tin and Sheet iron Worker.
10. Father's Birthplace, Baltimore. Co. Md.

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Pennington St

Remarks, + 8 9 5 0 0 0 1 5 5 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 14/95 ~~29 N. Bond St. B. W. Hosp.~~
4. *Place of Birth, (Street and Number)* B. W. Hosp. 29 N. Bond St
5. *Full Name of Mother,* Cornelia Reid
6. *Mother's Maiden Name,* " White
7. *Mother's Birthplace,* Norfolk Va
8. *Full Name of Father,* Alford White
9. *Father's Occupation.* Waiter
10. *Father's Birthplace,* Unknown

Name of Medical Attendant, or other person who makes this Return. J. C. Ohlendorf. Jr. M. D.

Address, 517 N. Bond St.

Remarks,

1 8 9 5 U 0 0 1 5 5 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 63808

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d.
1. *Sex, (State whether male or female)*	Male.
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	14th March 1895.
4. *Place of Birth, (Street and Number)*	1519 E. Oakland ave.
5. *Full Name of Mother,*	Barbora Vanicek.
6. *Mother's Maiden Name,*	Barbora Stanek.
7. *Mother's Birthplace,*	Bohemia
8. *Full Name of Father,*	Frank Vanecek
9. *Father's Occupation,*	Shoemaker.
10. *Father's Birthplace,*	Bohemia.
Name of Medical Attendant, or other person who makes this Return.	Kate Pazourek
Address,	1641 Abbott Str.
Remarks,	8950001556

The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 63809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) Second.

1. *Sex,* (*state whether* ~~male~~ *or female*) Female.
2. *Race or Color,* (*if not of the white race*) White Race.
3. *Date of Birth,* March 15, 1895.
4. *Place of Birth,* (*Street and Number*) # 2014. North Avenue E.
5. *Full Name of Mother,* Rose C. Cowan
6. *Mother's Maiden Name,* Rose Rimmerlein.
7. *Mother's Birthplace,* Baltimore City. Md.
8. *Full Name of Father,* Edward G. Cowan.
9. *Father's Occupation.* Clerk.
10. *Father's Birthplace,* Baltimore City Md.

Name of Medical Attendant, or other person who makes this Return. John H. Cowan Jr.

Address, # 2014 North Avenue. E.

Remarks, Rapid Birth with obtrusion of Membranes, Placenta - had great difficulty in resuscitation of artificial respiration &c &c.

8 5 4 0 0 1 5 5 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 63810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 13th
4. *Place of Birth, (Street and Number)* 1022 Cumberland
5. *Full Name of Mother,* Nellie Knies
6. *Mother's Maiden Name,* " Dwyer
7. *Mother's Birthplace,* Boston Mass
8. *Full Name of Father,* Harry F. Knies
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return, John H. Mock

Address, 647 N Lafayette Ave

Remarks,

8 7 5 0 0 0 1 5 5 8

and scheme shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 63811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 15th March

4. Place of Birth, (Street and Number) 923 Burgundy Al.

5. Full Name of Mother, Christina D Arnstadt

6. Mother's Maiden Name, E Berg

7. Mother's Birthplace, Germany

8. Full Name of Father, Adam D Arnstadt

9. Father's Occupation, Labor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 N. Grosel

Remarks, 8950001559

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Baltimore under whose charge or superintendence a birth shall occur, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* March 15th-95.
4. *Place of Birth, (Street and Number)* 1611 N. Durham St.
5. *Full Name of Mother,* Martha L. Gross
6. *Mother's Maiden Name,* Martha L. Litzau
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry J. Gross.
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Henry C. Otte. M.D.

Address, 1203 N. Eutaw St.

Remarks,

8950001560

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 62813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 12 1895
4. *Place of Birth, (Street and Number)* 528 N Dallas St Balto City
5. *Full Name of Mother,* Mary Elizabeth King
6. *Mother's Maiden Name,* " " Ringgold
7. *Mother's Birthplace,* Kent Co Md
8. *Full Name of Father,* Charles Henry King
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Somerset Co Md

Name of Medical Attendant, or other person who makes this Return. Anne Mary Dr Hoy

Address, 914 Clifton Place

Remarks,

1 8 9 5 0 0 0 1 5 6 1

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 63814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 15/95. 11 30 P.m.
4. *Place of Birth, (Street and Number)* 117 N Shroder St.
5. *Full Name of Mother,* Florence Rine
6. *Mother's Maiden Name,* Florence Beckett
7. *Mother's Birthplace,* Frederick Co. Md.
8. *Full Name of Father,* William Rine
9. *Father's Occupation,* Produce dealer
10. *Father's Birthplace,* Frederick Co Md.

Name of Medical Attendant, or other person who makes this Return. A.K. Jaxtheimer M.D.

Address, 1136 W Fayette

Remarks,

1 8 9 5 0 0 0 1 5 6 2

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 63815

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One March 15 1895 11 Pm

1. *Sex,* (state whether male or female) Male
2. *Race or Color,* (if not of the white race) Colored
3. *Date of Birth,* March 15th 1895
4. *Place of Birth,* (Street and Number) 310 S. Paul Street
5. *Full Name of Mother,* Henrietta Lemmon
6. *Mother's Maiden Name,* Henrietta Gibson
7. *Mother's Birthplace,* Easton Shore Md.
8. *Full Name of Father,* Robert Lemmon
9. *Father's Occupation.* Lab.
10. *Father's Birthplace,* Prince Georges County Md.

Name of Medical Attendant, or other person who makes this Return.

Address, 711 Bradley Street

Remarks,

B 9 5 0 0 0 1 5 6 3

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within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 63816

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female).	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 15
4. Place of Birth (Street and Number)	818 N Mount St
5. Full Name of Mother	Belle Crawford Clemson
6. Mother's Maiden Name	Belle Crawford
7. Mother's Birthplace	Prince Georges Co. Md
8. Full Name of Father	Harry L Clemson
9. Father's Occupation	Salesman
10. Father's Birthplace	Frederick Co Md.
Name of Medical Attendant, or other Person who makes this Return.	Robert K Kneas
Address	220 S Gilmor St
Remarks	

8 Y 5 U 0 0 0 1 5 6 4

RETURN OF A BIRTH. 63817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 16 1897
4. Place of Birth, (Street and Number) 417 Lamburg St Baltimore MD
5. Full Name of Mother, Mary Ann Tyler
6. Mother's Maiden Name, Brooks
7. Mother's Birthplace, Hartsville South Carolina
8. Full Name of Father, Oscar Tyler
9. Father's Occupation, Labor
10. Father's Birthplace, Georgia

Name of Medical Attendant, or other person who makes this Return, Mary Cook

Address, 17 Windsor St Baltimore MD

Remarks, 1895000 1565

This certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

SURNAME ADDED 10-1-57

RETURN OF A BIRTH. 63818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Milton Rosner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 15 1857
4. Place of Birth, (Street and Number) Baltimore 14 North Fremont
5. Full Name of Mother, Mrs Rachel Rosner
6. Mother's Maiden Name, Miss Rachel Frazer
7. Mother's Birthplace, Austria
8. Full Name of Father, Mr. Benjamin Rosner
9. Father's Occupation Shoe Business
10. Father's Birthplace, Austria

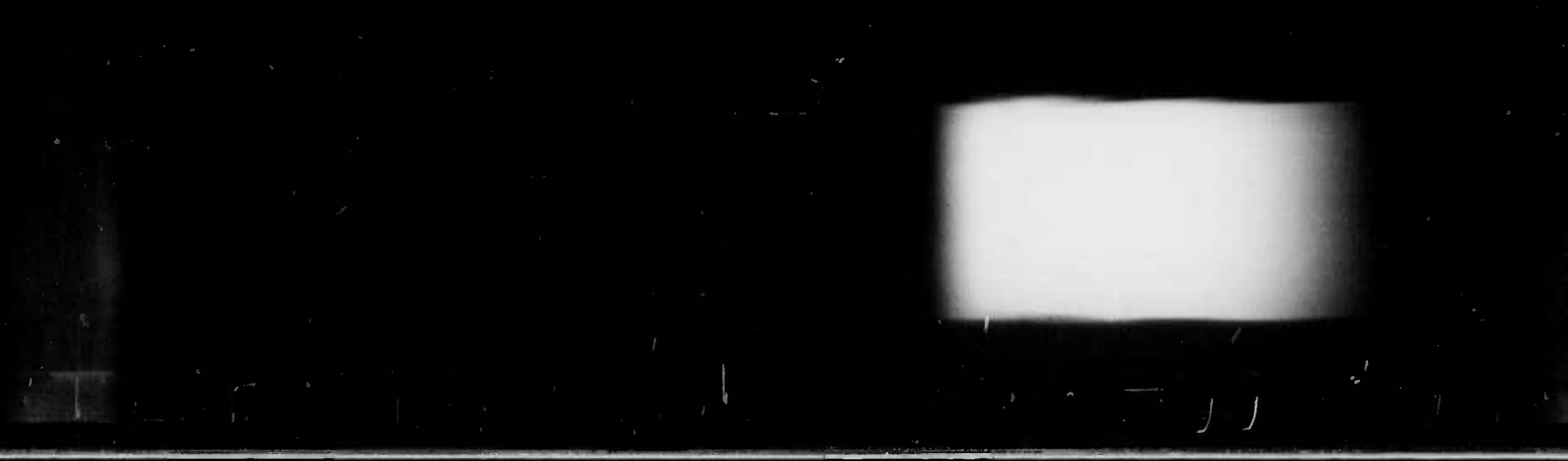
Name of Medical Attendant, or other person who makes this Return. Simon Hunter

Address, 23 S. Broadway

Remarks, 8750001566

The certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 16th 1895
4. Place of Birth, (Street and Number) 2328 Mountford Ave.
5. Full Name of Mother, Mary Washington
6. Mother's Maiden Name, " Wilson
7. Mother's Birthplace, Baltimore City, Md.
8. Full Name of Father, Lee Washington
9. Father's Occupation, Laborer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Lucian Harper

Address, 2328 Mount Ave 123 N. Durham St.

Remarks, 2 8 9 5 0 0 0 1 5 6 7

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1. Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born March 16th 1895
4. *Place of Birth, (Street and Number)*	# 215 Wilhelm St
5. *Full Name of Mother,*	Mrs. Barbara Snaps
6. *Mother's Maiden Name,*	Miss " Rauch
7. *Mother's Birthplace,*	Bayern Germany
8. *Full Name of Father,*	Charles Snaps
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return,	Mrs. Hiller
Address,	# 2008 N. Gay St
Remarks,	

8 7 5 0 0 0 1 5 6 8

The Return of a Birth is required, by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63821

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Philip Otto Krause

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 17th 1895
4. *Place of Birth, (Street and Number)*	# 1316 Guilford St
5. *Full Name of Mother,*	Eva Krause
6. *Mother's Maiden Name,*	Eva Hohenberger
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Jacob Krause
9. *Father's Occupation*	Cabinet maker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Catherine Stormuny
Address,	No 1517 Byrd St
Remarks,	8950001569

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63822

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 17 March 1895
4. Place of Birth, (Street and Number) 706 Fort ave.
5. Full Name of Mother, Elsbet Lotz
6. Mother's Maiden Name, Muller
7. Mother's Birthplace, America
8. Full Name of Father, Albert Lotz
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 434 Fort ave

Remarks,

1895000570

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 63823

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5. Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born March 18th 1895
4. *Place of Birth, (Street and Number)*	# 5. Cary St
5. *Full Name of Mother,*	Mrs. Lizzie Ohms
6. *Mother's Maiden Name,*	Miss. Schlüter
7. *Mother's Birthplace,*	Hanover. Germany
8. *Full Name of Father,*	Henry. Ohms.
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Hanover. Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Hiller
Address,	# 2008 Mc Henry St
Remarks,	

8 7 5 0 0 0 1 5 7 1

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, March 18th 1925

4. Place of Birth, (Street and Number) 2012 Parkwood Court

5. Full Name of Mother, Mrs Jennie Hardy

6. Mother's Maiden Name, Jennie Gray

7. Mother's Birthplace, Nantucket Mass

8. Full Name of Father, Wm L Hardy

9. Father's Occupation, Waiter

10. Father's Birthplace, Nantucket Mass

Name of Medical Attendant, or other person who makes this Return, Susan Hayes

Address, 123 N Durham st

Remarks,

8950001572

third day of each and every month to the office of the Commissioner of Health a certificate of the birth of a child which shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63825

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Mar 19 th 1895
4. *Place of Birth, (Street and Number)*	1200 Patterson ave
5. *Full Name of Mother,*	Maggie Miller
6. *Mother's Maiden Name,*	Maggie Himmler
7. *Mother's Birthplace,*	Westminster
8. *Full Name of Father,*	Henry Miller
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Dr J W. Howard
Address,	708 Eason street
Remarks,	Seven month's baby born
	dies 5-06 01573

Wm. J. C. Dulany Co., City Printers and Stationers.

and day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 63826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 19. 1895
4. *Place of Birth, (Street and Number)*	No. 1220 N. Gay St.
5. *Full Name of Mother,*	Katie Underwood
6. *Mother's Maiden Name,*	Katie Yaeger
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles B. Underwood
9. *Father's Occupation,*	Harness maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	W. C. Sandrock
Address,	1242 N. Broadway
Remarks,	Premature birth — Fetus over 6½ and 7 mos.

6 9 5 0 0 0 1 5 7/4

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 63827

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Mch 19
4.	*Place of Birth, (Street and Number)*	327 N Gilmor
5.	*Full Name of Mother,*	Bessie Faron Gorman
6.	*Mother's Maiden Name,*	Bessie Faron
7.	*Mother's Birthplace,*	Washington DC
8.	*Full Name of Father,*	John J Gorman
9.	*Father's Occupation,*	Carpenter
10.	*Father's Birthplace,*	Balto Md
	Name of Medical Attendant, or other person who makes this Return,	Robert Kuen
	Address,	220 N Gilmor
	Remarks,	

1 8 9 5 0 0 0 1 5 7 5

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 63628

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 19 th 1895
4. Place of Birth, (Street and Number) 896 Ashland ave Balto City
5. Full Name of Mother, Anna Mary Ina Call
6. Mother's Maiden Name, " " Mathews
7. Mother's Birthplace, West Kings
8. Full Name of Father, Thomas Mc Call
9. Father's Occupation, Waiter
10. Father's Birthplace, Calvert County Md

Name of Medical Attendant, or other person who makes this Return, [illegible] Knapp Gibbs

Address, 914 Eutaw Place City

Remarks,

8950001576

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 63829

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 19, "95
4. *Place of Birth, (Street and Number)* 2127 Division St
5. *Full Name of Mother,* Mollie Mc. Call.
6. *Mother's Maiden Name,* Mollie Goss
7. *Mother's Birthplace,* Calvert Co. Md.
8. *Full Name of Father,* John Edward Mc. Call.
9. *Father's Occupation* Genl. Produce Merchant.
10. *Father's Birthplace,* Calvert Co. Md.

Name of Medical Attendant, or other person who makes this Return, Milton D. Brown M.D.

Address, 1361 W. Calhoun St.

Remarks, Infant had reached only 7th month of Intra Uterine life & lived about 20 minutes after birth.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 03830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 19th 1895
4. Place of Birth, (Street and Number) S. Broadway 816
5. Full Name of Mother, Anna Abgleldsky Maly
6. Mother's Maiden Name, "
7. Mother's Birthplace, Poland
8. Full Name of Father, John Kalay
9. Father's Occupation, Saloon keeper
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Rosa Shmofska

Address, 1723 Bland St.

Remarks, 8 9 5 0 0 0 1 5 7 8

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63831

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 First

1. *Sex, (state whether male or female)* Madchen
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* 19 May 1895
4. *Place of Birth, (Street and Number)* 107 Arbeelmal st
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Minny Feldman
7. *Mother's Birthplace,* Europa
8. *Full Name of Father,* J. Feldman
9. *Father's Occupation,* Storekeeper
10. *Father's Birthplace,* Europa

Name of Medical Attendant, or other person who makes this Return. Lina Handler

Address, 113 E Pratt st

Remarks, 8950001579

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63832

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Five

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Twentieth of March 1895
4. *Place of Birth, (Street and Number)* #407 Little Monument St
5. *Full Name of Mother,* Della Jones
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Talbot Co - Md "
8. *Full Name of Father,* Dorsey Jones
9. *Father's Occupation* Coachman
10. *Father's Birthplace,* Cambridge Md

Name of Medical Attendant, or other person who makes this Return, Mrs Anna Vinis

Address, #640 Lavaca St "

Remarks, 8 9 5 0 0 0 1 5 8 0

All Births, Stillbirths, Deaths and Interments shall be registered in the City of Baltimore, (if any shall have occurred in the Almshouse, Hospitals, Asylums, Prisons, Station Houses, Lodging Houses, Cemeteries, Graveyards, Undertaking Establishments, Public Institutions, Vessels, Steamboats, Railroad Cars, Hotels, Boarding Houses, Factories, Workshops, Stables, Vaults, Sheds, Cellars, Garrets, Tenements, Dwellings, Outhouses, Yards, Grounds, Streets, Lanes, Alleys, Courts, Wharves, Docks, Piers, Slips, Public Buildings, Ships, Boats, Barges, Canal Boats, Lighters

RETURN OF A BIRTH 63833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 20th 95
4. *Place of Birth, (Street and Number)*	1507 Eutaw St
5. *Full Name of Mother,*	Mary Andrews
6. *Mother's Maiden Name,*	May Stevens
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	Albert Andrews
9. *Father's Occupation,*	Stone Mason
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other person who makes this Return.	Albert K Hodges MD
Address,	1143 Portland
Remarks,	

8 9 5 0 0 0 1 5 8 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 63834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 20/95
4. *Place of Birth, (Street and Number)*	402 N. Carey St.
5. *Full Name of Mother,*	Bertha Katz
6. *Mother's Maiden Name,*	Nordlinger.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Sigmund Katz
9. *Father's Occupation*	Shirt Manufacturer.
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Thomas Opie M.D.
Address,	219 N. Monument St. City.
Remarks,	8950001582

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 63835

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 1st March 1900

4. *Place of Birth, (Street and Number)* 1908 Eutaw Place

5. *Full Name of Mother,* Lenora Leitz

6. *Mother's Maiden Name,* Lenora Leitz

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Harry Leitz

9. *Father's Occupation* Shoe Salesman

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Wm. P. Gross

Address, 1908 Eutaw Place

Remarks, 8 9 5 0 0 0 1 5 8 3

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

1. Sex, (state whether male or female) white boy.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 th March 1895
4. Place of Birth, (Street and Number) 1516 Boyle street.
5. Full Name of Mother, Mary Becker Squires
6. Mother's Maiden Name, Geisler.
7. Mother's Birthplace, Germany.
8. Full Name of Father, William Becker Squires
9. Father's Occupation Working man.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Ida Schwartz

Address, 434 Fort ave.

Remarks,

8950001584

If a birth occurs, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 63807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first Twins
1. Sex, (state whether male or female)	both female and male
2. Race or Color, (if not of the white race)	White race
3. Date of Birth,	March 1st 1895
4. Place of Birth, (Street and Number)	105 E. Hill St
5. Full Name of Mother,	Ella Smith
6. Mother's Maiden Name,	Ella Miller
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William Smith
9. Father's Occupation	Glass blower
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Taylor
Address,	41 Guilford alley
Remarks,	Baltimore City

1895000585

Said schedule shall be delivered, duly signed by the practitioner [illegible] parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 1 '95
4. Place of Birth, (Street and Number) 1109 Sterrett St
5. Full Name of Mother, Agnes Burg Vahle
6. Mother's Maiden Name, Agnes Bury
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Vahle
9. Father's Occupation Cigar Manufacturer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 N. Grove st

Remarks, 8950001586

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF [redacted] BIRTH. 63839

GIVEN NAME ADDED,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Walter Raymond Alt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 1st 1895
4. Place of Birth, (Street and Number)	1218 Eutaw St.
5. Full Name of Mother,	Emma Rosenna Alt.
6. Mother's Maiden Name,	Emma Rosenna Hoelm
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Alt. Jr.
9. Father's Occupation	Harness Maker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Alex Bange
Address,	711 W. Cross St
Remarks,	

8950001587

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 1st 1895
4. *Place of Birth, (Street and Number)*	622 Scott St.
5. *Full Name of Mother,*	Annie Madeline O'Connell
6. *Mother's Maiden Name,*	Annie Madeline Lotz
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Jos. M. O'Connell
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Bange
Address,	711 N. Grove st.
Remarks,	

8950001588

The Return shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63841

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 1/95
4. *Place of Birth, (Street and Number)*	N. 1230 Stockholm St
5. *Full Name of Mother,*	Mary Elizibeth Ratcliffe
6. *Mother's Maiden Name,*	Mary Elizabeth Gilliland
7. *Mother's Birthplace,*	Balto City. Maryland
8. *Full Name of Father,*	Charles C. Conner Ratcliffe
9. *Father's Occupation*	Driver
10. *Father's Birthplace,*	Balto City. Maryland
Name of Medical Attendant, or other person who makes this Return,	Mrs. Bange
Address,	711 W. Crossett
Remarks,	

1895000 1589

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

63842

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male m

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 1st 1895 1st

4. *Place of Birth, (Street and Number)* Cary & Pattison ave.

5. *Full Name of Mother,* Nellie J. Wade

6. *Mother's Maiden Name,* " " Gannon

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* George J. Wade

9. *Father's Occupation,* Stevedore

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Dr. Barron

Address, 707 Lafayette ave

Remarks,

1895000 1590

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of said wifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 63843

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) (Male)
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 1st 1
4. Place of Birth, (Street and Number) Bond St. 514
5. Full Name of Mother, Anna (Miniakowski) Wysocka
6. Mother's Maiden Name, " (Miaselska)
7. Mother's Birthplace, Poland (Miniakowski)
8. Full Name of Father Stanislaus (Miniakoski)
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return. Mary Kedzka

Address, 602 S Bond St.

Remarks.

Full name of child Stanislaus Miniakowski

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63844

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 1st. 1895
4. *Place of Birth, (Street and Number)* 804 Eastern Ave
5. *Full Name of Mother,* Annatonia Montemurro
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Vincent Montemurro
9. *Father's Occupation* Musician
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernstein

Address, 122 S. Exeter Str

Remarks,

8950001592

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 6384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex*, (state whether male or female) Male
2. *Race or Color*, (if not of the white race) Colored
3. *Date of Birth* March 25th 1895
4. *Place of Birth*, (Street and Number) Carroll 19 Dover Street
5. *Full Name of Mother*, Janie H. Smith
6. *Mother's Maiden Name*, Janie H. Watts
7. *Mother's Birthplace*, Carroll Balto City
8. *Full Name of Father*, William H. Smith
9. *Father's Occupation*, Laborer
10. *Father's Birthplace*, Richmond Virginia

Name of Medical Attendant, or other Person who makes this Return. Mary Elizabeth Nicks

Address, Carroll Balto City

Remarks, 8950001593

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 63846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 3
4. Place of Birth, (Street and Number) 240 Baker St
5. Full Name of Mother, Mary Wolff
6. Mother's Maiden Name, Mary Monohan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Wolff
9. Father's Occupation Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mrs C. Faulstich

Address, 2859 N. Fulton Avenue

Remarks, 6 7 5 0 0 0 1 5 9 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Mar. 3 1895

4. *Place of Birth, (Street and Number)* 2538 N. Fauvale St.

5. *Full Name of Mother,* Susan M. Turner

6. *Mother's Maiden Name,* Susan M. Dwyer

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Jane B. Turner

9. *Father's Occupation* Painter

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. G. Tom Sarrick M.D.

Address, 2854 Kayser Ave

Remarks,

1 8 9 5 0 0 0 1 5 9 5

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63848

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mar. 3rd 1895.
4. *Place of Birth, (Street and Number)* 1847 W. Chester st.
5. *Full Name of Mother,* Christina E. Henby
6. *Mother's Maiden Name,* " " Schmidt
7. *Mother's Birthplace,* Washington D. C.
8. *Full Name of Father,* Oliver S. Henby
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Harford Co. Md.

Name of Medical Attendant, or other person who makes this Return, E. B. Henby M.D.

Address, 1219 N. Caroline st.

Remarks, 1895000 1596

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 & 3d. Twins

1. Sex, (state whether male or female) Male and Female
2. Race or Color, (if not of the white race) White Race.
3. Date of Birth, March 4th, 1895.
4. Place of Birth, (Street and Number) 826 Harford Avenue.
5. Full Name of Mother, Catherine Carroll
6. Mother's Maiden Name, Catherine McLaughlin
7. Mother's Birthplace, Baltimore City. Maryland.
8. Full Name of Father, George. E. A. Carroll.
9. Father's Occupation, Attorney - at - Law.
10. Father's Birthplace, Memphis. Tennessee.

Name of Medical Attendant, or other person who makes this Return. John H. Lowman M.D.

Address, # 2014 North Ave. E.

Remarks, Babies doing well at Date March 16/95
Born together with a Slight Interval of 10 minutes about

And such cause shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 63812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and scheme shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7 March
4. *Place of Birth, (Street and Number)* 1521 Canton Ave.
5. *Full Name of Mother,* Anie Hansen
6. *Mother's Maiden Name,* Lorman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* August Hansen
9. *Father's Occupation* Workman
10. *Father's Birthplace,* germani

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1895000 1598

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Of White
3. *Date of Birth,* March 4th 1893
4. *Place of Birth, (Street and Number)* 23 N Eagle St
5. *Full Name of Mother,* Rachel Levin
6. *Mother's Maiden Name,* Rachel Freedlander
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,*
9. *Father's Occupation* Collector
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs G. Wilkinson

Address, 1013 E Lombard St.

Remarks, 6750001599

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) This is first child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Geboren 4 März 95
4. Place of Birth, (Street and Number) Aliceana st N 182 t.
5. Full Name of Mother, Pelagija Wadarski
6. Mother's Maiden Name, Von Sadzierski
7. Mother's Birthplace, Poland.
8. Full Name of Father, Josef Sadzierski.
9. Father's Occupation, Packer
10. Father's Birthplace, Poland.

Name of Medical Attendant, or other person who makes this Return. Agnes Stadolna

Address, Thames St. 10 1635

Remarks, 1895 0001 600

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63853

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 4th 1895.
4. Place of Birth (Street and Number)	# 223 S. Chester St
5. Full Name of Mother	Matilda Charlton
6. Mother's Maiden Name	Lohmuller
7. Mother's Birthplace	City
8. Full Name of Father	Henry C. Charlton
9. Father's Occupation	Sea Captain
10. Father's Birthplace	Christiana, Norway
Name of Medical Attendant, or other Person who makes this Return.	John H. Rehberger
Address	# 1709 Aliceanna St.
Remarks	

1895U001601

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 63852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4 of March
4. *Place of Birth, (Street and Number)* 234 Fayette St
5. *Full Name of Mother,* Ida Kuhn
6. *Mother's Maiden Name,* Ida Miller
7. *Mother's Birthplace,* Germany Pa
8. *Full Name of Father,* Joseph Kuhn
9. *Father's Occupation* Barrel Cutter Maker
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Miss Bange

Address, 711 N. Green st.

Remarks,

8950001602

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4. of. March 1895.
4. Place of Birth, (Street and Number) 2041 Orleans Str.
5. Full Name of Mother, Minnie Schramm
6. Mother's Maiden Name, Minnie Escher
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, Johann Schramm
9. Father's Occupation, Bäker
10. Father's Birthplace, Baltimore M.D.

Name of Medical Attendant, or other person who makes this Return, Mrs Ida Hille M.D

Address, 207. N. Castle Str.

Remarks, 1 1 1 1 8 4 5 0 0 0 1 6 0 3

...th, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63856

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 4th,
4. *Place of Birth, (Street and Number)* 1620 Eutaw St
5. *Full Name of Mother,* Bertha A. Kody.
6. *Mother's Maiden Name,* Bertha A. Nettenkamm
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Christian Kody.
9. *Father's Occupation* Brakeman
10. *Father's Birthplace,* Ellicott City

Name of Medical Attendant, or other person who makes this Return, Mrs Bange.

Address, 711 W. Lexington St

Remarks,

1895000604

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 63857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (1st)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 5 1895
4. *Place of Birth, (Street and Number)* 704 Aisquith Street
5. *Full Name of Mother* Annie V. Lindenberger
6. *Mother's Maiden Name,* Annie V. Rebbe
7. *Mother's Birthplace,* Baltimore Maryland
8. *Full Name of Father,* John M. Lindenberger
9. *Father's Occupation,* Clothing Trimmer
10. *Father's Birthplace,* Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, James E. Wolcott M.D.

Address, 619 Aisquith Street

Remarks, 8950001605

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 63858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 th.
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	March 5 th
4. *Place of Birth, (Street and Number)*	S. Paca 1108
5. *Full Name of Mother,*	Augusta Elizabeth Korb
6. *Mother's Maiden Name,*	" " Wiegand
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	George Henry Korb
9. *Father's Occupation*	Piano maker
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Mrs Bange
Address,	711 Cross st
Remarks,	

8950001606

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 5 1915 6:30 A. M.
4. *Place of Birth, (Street and Number)* 1020 S Paca St City
5. *Full Name of Mother,* Philipina Elizabeth Stoltz
6. *Mother's Maiden Name,* Philipina Elizabeth Stein
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Edward Jacob Georg Stoltz
9. *Father's Occupation* Agent
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs Bangs

Address, 711 N. Gross St

Remarks,

8950001607

Wm. J. C. Dulany Co., City Printers and Stationers

63860

RETURN OF A BIRTH. ~~63860~~

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1te

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5th of March 1895
4. Place of Birth, (Street and Number) 1431 Orleans Str
5. Full Name of Mother, Katharina Roberts
6. Mother's Maiden Name, Katharina Walter
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Roberts
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Ida Hille

Address, 207 N. Castle Str.

Remarks, 1 1 1 8 9 5 0 0 0 1 6 0 8

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-24-62

RETURN OF BIRTH. 63861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Philip Otto Hoffmann

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 5 1895
4. Place of Birth, (Street and Number) 1530 Kensett St
5. Full Name of Mother, Lizzie Hoffmann
6. Mother's Maiden Name, Lizzie Mehring
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fred. W. Hoffmann
9. Father's Occupation Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs C. Faulstich

Address, 2859. N. Fulton Ave

Remarks, 1895 0001609

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 63862

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Three

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 5th March.
4. Place of Birth, (Street and Number) No. 1164 Bowen St
5. Full Name of Mother, Ada C Bell
6. Mother's Maiden Name, Cremmen.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Emery F. Bell.
9. Father's Occupation, Milk Business
10. Father's Birthplace, Balto Co.

Name of Medical Attendant, or other person who makes this Return, Mrs A. M. Bischoff

Address, No. 829 Columbia Avenue.

Remarks,

8950001610

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5 March
4. *Place of Birth, (Street and Number)* S. Bond st 606
5. *Full Name of Mother,* Franci Gierloff
6. *Mother's Maiden Name,* Trojan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fredrik Gierloff
9. *Father's Occupation* Stividol
10. *Father's Birthplace,* germany

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 1895 0001611

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 5
4. *Place of Birth, (Street and Number)* 2567 Salem Ave
5. *Full Name of Mother,* Mary A. Knittell
6. *Mother's Maiden Name,* Mary A. Krümmrich
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Knittell
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return Mrs. C. Faulstich

Address, 2859 N. Fulton Avenue

Remarks, 6750001612

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 63865

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) This is 2nd child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Geboren 5 März 95.
4. Place of Birth, (Street and Number) Thames str. N. 1628.
5. Full Name of Mother, Lime Kowalewska
6. Mother's Maiden Name, Medchen Milechia.
7. Mother's Birthplace, Poland.
8. Full Name of Father, Chaindry Milechi.
9. Father's Occupation, Kosland
10. Father's Birthplace, Poland.

Name of Medical Attendant, or other person who makes this Return. Agnes Hodolna.

Address, Thames str. No. 1635 Fells.

Remarks, 895 U 0 9 1 6 1 3

Expires

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

register of such birth, and shall enter the same on a blank ... have occurred under his or her care during ... Health. This schedule shall contain a list of the births which have occurred under his or her care during ... month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall ha... been conferred, the full name and occupation of its parents, the date and place of birth, and t... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first an... third day of each and every month to the office of the Commissioner of Health. In case the birth of any ch... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of su... child to report its birth to the Commissioner of Health, in the manner and within the period above required, a... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be s... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverab...

RETURN OF ...

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

63866

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 th.
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	March 6th. 95
4. *Place of Birth, (Street and Number)*	Nro. 822 Jackson Court
5. *Full Name of Mother,*	Elisabeth Dietrich
6. *Mother's Maiden Name,*	" " Linge
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Adam Dietrich
9. *Father's Occupation,*	Paver
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Catherine Linge
Address,	826 Jackson Court
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

8 4 5 0 0 0 1 6 1 4

RETURN OF A BIRTH. 63867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 7th
4. Place of Birth, (Street and Number) 1005 Wilcox St
5. Full Name of Mother, Maggie M. Guire
6. Mother's Maiden Name, Maggie Mulryan
7. Mother's Birthplace, Ireland
8. Full Name of Father, Patrick Thos M. Guire
9. Father's Occupation Stone-Mason
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs. Sarah Worden

Address, 347 N. Calvert Street

Remarks, 1895000161 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been omitted) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63868

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 4th 27, 1895
4. *Place of Birth, (Street and Number)* 425 N. Exeter Lebowitz
5. *Full Name of Mother,* Esther Lebowitz
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Harris Lebowitz
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernstein

Address, 122 S. Exeter Str

Remarks, 6 7 5 0 0 0 1 6 1 6

Wm. J. C. Dulany Co., City Printers and Stationers

Every Physician or Midwife shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63869

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 7. 1895
4. *Place of Birth, (Street and Number)* 245 Register St
5. *Full Name of Mother,* Mollie Smith
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* America
8. *Full Name of Father,* James Smith
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return, Mrs L. Bernstein

Address, 122 S. Exeter St

Remarks, 6950001617

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 8. 95.
4. Place of Birth, (Street and Number) 1146 E. Lombard Str
5. Full Name of Mother, Bertie Dietz
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Dietz
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernstein

Address, 122 S. Exeter Str

Remarks, 1895 0001618

Wm. J. C. Dulany Co., City Printers and Stationers.

Penalty. The person who shall omit to furnish a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 4 1895
4. *Place of Birth, (Street and Number)* No 1517 E Monroe St
5. *Full Name of Mother,* Bertha L Henson
6. *Mother's Maiden Name,* Bertha L Underdue
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Nelson Henson
9. *Father's Occupation* Furniture
10. *Father's Birthplace,* Howard County

Name of Medical Attendant, or other person who makes this Return, Caroline Quillen

Address, No 1066 Register St

Remarks, Nom

8950001619

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 63872

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 8. 1895
4. *Place of Birth, (Street and Number)* 45 market space
5. *Full Name of Mother,* Mary Flynn
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Patrick Flynn
9. *Father's Occupation* Saloon Keeper
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernstein

Address, 122 S. Exeter St

Remarks, 1895000620

Physician or midwife shall keep a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 8 of March
4. *Place of Birth, (Street and Number)* 2122 Cambridge St
5. *Full Name of Mother,* Mary Bosse
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* W. Peruvian
8. *Full Name of Father,* Charles Bosse
9. *Father's Occupation* Cabinet maker
10. *Father's Birthplace,* W. Peruvian

Name of Medical Attendant, or other person who makes this Return, Mrs E. Weiss

Address, 2122 Canton Ave.

Remarks,

1895000162 1

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 9th 1895
4. *Place of Birth, (Street and Number)* 13 Weyler St
5. *Full Name of Mother,* Mary A Davis
6. *Mother's Maiden Name,* " " Fay
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Geo W. Davis
9. *Father's Occupation* Ripsmith Balto Md
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Moore

Address, ✠ 49 N. West St Balto Md

Remarks, 8 9 5 0 0 0 1 6 2 2

Wm. J. C. Dulany Co., City Printers and Stationers.

This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1st.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 7
4. *Place of Birth, (Street and Number)* 1400 Gough St.
5. *Full Name of Mother,* Rosa Abramson
6. *Mother's Maiden Name,* Rosa Fox
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Julius Abramson
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Russia

Name of Medical Attendent, or other person who makes this Return. A. Friedman M.D.

Address, 926 Madison St.

Remarks, 8950001623

This schedule shall contain a list of the births which have occurred under the care of the midwife during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 63876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9 March
4. Place of Birth, (Street and Number) S Dallas St 716
5. Full Name of Mother, Stanislava Dranskyscwicz
6. Mother's Maiden Name, Drackovska
7. Mother's Birthplace, Pole
8. Full Name of Father, Tomas Dranskyscwicz
9. Father's Occupation Workman
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pretl

Address, S Bond st 838

Remarks, 1895 U 0001624

Wm. J. C. Dulany Co., City Printers and Stationers.

Penalty. [illegible] of the names which have occurred since the last [illegible] of per care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

aww

RETURN OF A BIRTH. 63877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Frank Stawski

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9 March
4. Place of Birth, (Street and Number) Siliciana st 1711
5. Full Name of Mother, Julia (Stawsky) Stawski
6. Mother's Maiden Name, Kobienika
7. Mother's Birthplace, Pole
8. Full Name of Father, Joseph (Stawsky) Stawski
9. Father's Occupation Shoemaker
10. Father's Birthplace, Pol

Name of Medical Attendant, or other person who makes this Return, Mary Pretl

Address, 8 Bond st 638

Remarks, 1895006625

The Physician or Midwife shall obtain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 2 th Child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Born March 9. th 1895.
4. Place of Birth, (Street and Number) 1703 E. Crystal Ave
5. Full Name of Mother, Paulina Müller
6. Mother's Maiden Name, Paulina Hoff
7. Mother's Birthplace, Josefsmeyarten Germany Kreis Kressen
8. Full Name of Father, Johann Müller
9. Father's Occupation Contractor for Street and Brick Paving
10. Father's Birthplace, Worfendorf Kreis Bayern Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Elias 1625 Hopkins Ave

Address, John Müller 1703 E. Crystal Ave

Remarks, any

Mary Elias 1625 Hopkins Ave

5680001626

(been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9 of March 1895.
4. *Place of Birth, (Street and Number)* 108. Port Str.
5. *Full Name of Mother,* Anna Oberender.
6. *Mother's Maiden Name,* Anna Strauber
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Richard Oberender
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Ida Hille

Address, 207 n Castle Str.

Remarks, 0 7 5 U 0 0 1 6 2 7

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th & 7th

1. *Sex, (state whether male or female)* Twins female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 10 - '95
4. *Place of Birth, (Street and Number)* 702 Melvin Alley
5. *Full Name of Mother,* Susan Calvin
6. *Mother's Maiden Name,* Susan Elliot
7. *Mother's Birthplace,* Gloucester Co.
8. *Full Name of Father,* Samuel Calvin
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Culpepper Co

Name of Medical Attendant, or other person who makes this Return, Ida Pollack M.D

Address, 1030 McCulloh St

Remarks, 1895000016 28

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63851

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 10th 1893
4. *Place of Birth, (Street and Number)* 111 E Fayette St
5. *Full Name of Mother,* Annie Meyer
6. *Mother's Maiden Name,* Annie Flockner
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Marcus Meyer
9. *Father's Occupation* Shoe store keeper
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs G Feldman

Address, 613 E Lombard St.

Remarks, 8950001629

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63882

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Kind

1. *Sex, (state whether male or female)* Madysen
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* 10 Marz 1895
4. *Place of Birth, (Street and Number)* 210 No Exeter st
5. *Full Name of Mother,* Mary Lenital
6. *Mother's Maiden Name,* Europa
7. *Mother's Birthplace,* Jak Lenital
8. *Full Name of Father,* Bigler
9. *Father's Occupation,* Europa
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Lina Handler

Address, 1113 E. Pratt st

Remarks,

1895 0 0 0 1 6 3 0

Health. This schedule shall contain a list of the names which shall have been conferred under the provisions of this section, and the date of the birth of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and been conferred, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 63883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 10 15
4. *Place of Birth, (Street and Number)* 1425 Kund St.
5. *Full Name of Mother,* Mrs Bridget McGuire
6. *Mother's Maiden Name,* Bridget O'Connor
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Luke McGuire
9. *Father's Occupation,* Sylesman
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Ann O'Connor

Address, 1112 Hanover St

Remarks, 8950001631

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10 March
4. *Place of Birth, (Street and Number)* Estaw. 302
5. *Full Name of Mother,* Anna Blum
6. *Mother's Maiden Name,* Blajstajne
7. *Mother's Birthplace,* germany
8. *Full Name of Father,* Konrad Blum
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* germany

Name of Medical Attendant, or other person who makes this Return, Mary Pretl

Address, S Bond st 838

Remarks, 632

B95000

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63885

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one

1. *Sex, (state whether male or female)* give
2. *Race or Color, (if not of the white race)* colord
3. *Date of Birth,* March 11
4. *Place of Birth, (Street and Number)* 820 Woodyears Street
5. *Full Name of Mother,* Mrs Sadie Gloss
6. *Mother's Maiden Name,* Miss Sadie Gloss
7. *Mother's Birthplace,* Calvert County M D
8. *Full Name of Father,* Mr James Gloss
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Rachel Sides

Address,

Remarks,

1895000163

The Health Commissioner shall cause a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

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RETURN OF A BIRTH. 63886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White race
3. Date of Birth, 11th of March 1895
4. Place of Birth, (Street and Number) Baltimore City 1338 West Street
5. Full Name of Mother, Eliza J. Allison
6. Mother's Maiden Name, Eliza J. Swift
7. Mother's Birthplace, Nuth Thumberland County Virginia
8. Full Name of Father, George Allison
9. Father's Occupation Grocer
10. Father's Birthplace, Westmore County Virginia

Name of Medical Attendant, or other person who makes this Return, Maz Sarah Worden

Address, 347 N. Calvert St

Remarks, 1895000163 4

Mother, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 63887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Col'd
3. *Date of Birth,*	March 11/95
4. *Place of Birth, (Street and Number)*	2011 Eagle St
5. *Full Name of Mother,*	Ella Jones
6. *Mother's Maiden Name,*	Ella Jones
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Wm Jones
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Va
Name of Medical Attendant, or other person who makes this Return,	Jane Howard Lord
Address,	
Remarks,	

1895000635

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 63888

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 11th 1895
4. *Place of Birth, (Street and Number)*	1120 Thames St. Balto.
5. *Full Name of Mother,*	Eva Eisenberg
6. *Mother's Maiden Name,*	Eva Pearlmuter
7. *Mother's Birthplace,*	Poland
8. *Full Name of Father,*	David Eisenberg
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Poland
Name of Medical Attendant, or other person who makes this Return.	
Address,	Mary Elias
Remarks,	1625. Hopkins Ave

8950001636

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th.

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 12 of March.
4. *Place of Birth, (Street and Number)* 801 Potomac.
5. *Full Name of Mother,* Mary Balak.
6. *Mother's Maiden Name,* Ecklipper.
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Balak
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Weiss.

Address, 2122 Canton Ave.

Remarks,

1895000 1637

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GIVEN NAME ADDED 5-6-60

RETURN OF A BIRTH. 63891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Kathryn Beck

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12 March 1895
4. Place of Birth, (Street and Number) 1613 Bond st
5. Full Name of Mother, Francis Beck
6. Mother's Maiden Name, Frances Bance
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Will Beck
9. Father's Occupation Forest dealer.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Schumacher

Address,

Remarks, 1895 0001638

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-29-56

RETURN OF A BIRTH. 63891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ethel Maggie ~~Deshields~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 12th 1895
4. Place of Birth, (Street and Number) 257 S. Bond st
5. Full Name of Mother, Margaret Deshields
6. Mother's Maiden Name, Morgan Graff
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Henry Deshields
9. Father's Occupation —
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return Wesen Hawkins

Address, 1044 - Penna Ave

Remarks, 18950001639

The above shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH 63892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	March 17. 1895
4. *Place of Birth (Street and Number),*	1715 Lamade St
5. *Full Name of Mother,*	Minnie Lulu Warfield
6. *Mother's Maiden Name,*	M L Hitchcock
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William W. Warfield
9. *Father's Occupation,*	Shipping Clerk
10. *Father's Birthplace,*	Howard County Md
Name of Medical Attendant, or other person who makes this Return.	Jno. D. Lickle M.D.
Address,	801 N. Fulton Ave
Remarks,	

18 y 5 0 0 0 1 6 4 0

And shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 63893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	March 12th '95
4. *Place of Birth, (Street and Number)*	815 Jackson Court
5. *Full Name of Mother,*	Anna C. Baublitz
6. *Mother's Maiden Name,*	" Vollers
7. *Mother's Birthplace,*	" Baltimore
8. *Full Name of Father,*	Charles J. Baublitz
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	5th District Baltimore Co.
Name of Medical Attendant, or other person who makes this Return.	Mrs. Kate A. Geiglein
Address,	806 Vine St.
Remarks,	8950001641

month, and shall set forth as far as the same can be ascertained the full name of each Child; and the been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) This is third child.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Eleven, 12 March 95
4. Place of Birth, (Street and Number) Felt St. # 901.
5. Full Name of Mother, Mary Bojanowska.
6. Mother's Maiden Name, Lon Lon Gaca
7. Mother's Birthplace, Poland.
8. Full Name of Father, Felix Gaca
9. Father's Occupation, Docksland
10. Father's Birthplace, Poland.

Name of Medical Attendant, or other person who makes this Return, Agnes Hodolna.

Address, Thames St. # 1635

Remarks, 1895 U 0 0 1 6 4 2

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63895

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	12 March
4. *Place of Birth, (Street and Number)*	S Bond st. 839
5. *Full Name of Mother,*	Karolina Janda
6. *Mother's Maiden Name,*	Knilička
7. *Mother's Birthplace,*	Bohemen
8. *Full Name of Father,*	Vaclav Janda
9. *Father's Occupation*	Workman
10. *Father's Birthplace,*	Bohemen
Name of Medical Attendant, or other person who makes this Return,	
Address,	Mary Pretl
Remarks,	S Bond st 838

1895000163

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RETURN OF A BIRTH. 63896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Tuesday March 12th 1895
4. Place of Birth, (Street and Number) 315 S Woodyear St
5. Full Name of Mother, Francis Dahlem
6. Mother's Maiden Name Francis Pfleger
7. Mother's Birthplace, Germany
8. Full Name of Father, John Dahlem
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mr. Seebock

Address, 315 S Woodyear St

Remarks,

1895000 1644

The Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

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RETURN OF A BIRTH. 63897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 13th March 1895
4. Place of Birth, (Street and Number) 1447 Columbia Avenue
5. Full Name of Mother, Mary Smith
6. Mother's Maiden Name, Mary Dean
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Joseph Smith
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs. Susie Watters No. 1218 Bayard Street

Remarks, 1895 0001645

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 13th 1895
4. *Place of Birth, (Street and Number)*	432 Aisquith st.
5. *Full Name of Mother,*	Betsy Valenstein
6. *Mother's Maiden Name,*	Betsy Robinson
7. *Mother's Birthplace,*	Russ Poland
8. *Full Name of Father,*	Louis Valenstein
9. *Father's Occupation,*	Traveling Salesman
10. *Father's Birthplace,*	Russ Poland
Name of Medical Attendant, or other person who makes this Return,	
Address,	Mary Elias
Remarks,	1625 Hopkins Ave

8750001646

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth occurring in this city shall be registered by its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13 March
4. *Place of Birth, (Street and Number)* Eastern St 813
5. *Full Name of Mother,* Albertina Novak
6. *Mother's Maiden Name,* Ernicka
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Egnac Novak
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pretl

Address, S. Bond St 838

Remarks, 1875 0 0 1 6 4 7

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RETURN OF A BIRTH. 63904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White.

3. *Date of Birth,* March 13 1934

4. *Place of Birth, (Street and Number)* Duncan Alley

5. *Full Name of Mother,* Mary Gross

6. *Mother's Maiden Name,* Ireland

7. *Mother's Birthplace,* Emile Gross

8. *Full Name of Father,* Baker

9. *Father's Occupation* Germany

10. *Father's Birthplace,* Mrs. Bruns

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, 1895000648

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3rd,~~ &c.) .....

1. *Sex, (state whether ~~male~~ or female)* .....
2. *Race or Color, (if not of the white race)* .....
3. *Date of Birth,* March 13, 1901
4. *Place of Birth. (Street and Number)* 2117 - N. Calvert
5. *Full Name of Mother,* Maud M. Ridley Herring
6. *Mother's Maiden Name,* " " "
7. *Mother's Birthplace,* London - England
8. *Full Name of Father,* Arthur E. Herring
9. *Father's Occupation,* clerk
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return, John H. Grimes

Address, 2100 - Mad Ave

Remarks, 8950001649

The above return is to be made as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 13902

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14th March 94
4. *Place of Birth, (Street and Number)* 1534 Belair Ave
5. *Full Name of Mother,* Mary Rail
6. *Mother's Maiden Name,* " " Hahn
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Raill
9. *Father's Occupation* Brewer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bruns

Address,

Remarks, 1895 0000 650

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 63903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 14
4. *Place of Birth, (Street and Number)* 818 N Broadst
5. *Full Name of Mother,* Belle Crawford Clemson
6. *Mother's Maiden Name,* Belle Crawford
7. *Mother's Birthplace,* Prince Georges Co Md
8. *Full Name of Father,* Harry L Clemson
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Frederick Md

Name of Medical Attendant, or other person who makes this Return, Robert H Kinsey

Address, 320 N Eden st

Remarks,

T 8950001651

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RETURN OF A BIRTH. 63904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1.
1. *Sex, (state whether male or female)*	Girl.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	15 March.
4. *Place of Birth, (Street and Number)*	1125 Philadelphia road.
5. *Full Name of Mother,*	Emmi Heeck.
6. *Mother's Maiden Name,*	Emmi Harr.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	William Heeck.
9. *Father's Occupation*	Painter.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return,	Mary E. Ross.
Address,	1933 Fairmount Ave.
Remarks,	1895000 1652

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of inldwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 63905

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, midwife, or other person in charge, who shall neglect, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race) —

3. Date of Birth March 15 th, 1895.

4. Place of Birth (Street and Number) 407 Druid Hill.

5. Full Name of Mother Jno Hale-Jr. Rigney

6. Mother's Maiden Name Hale-Fahnestock.

7. Mother's Birthplace City.

8. Full Name of Father Jno. Rigney.

9 Father's Occupation Saloon keeper.

10. Father's Birthplace City.

Name of Medical Attendant, or other Person who makes this Return. Albert L. Gaddard M.D.

Address 702 Park Ave.

Remarks

1895000653

RETURN OF A BIRTH. 13906

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth,* March 15, 1895
4. *Place of Birth, (Street and Number)* 221 Vicend St Baltimore Md
5. *Full Name of Mother,* Mrs Henrietta Hall
6. *Mother's Maiden Name,* Miss Henrietta Young
7. *Mother's Birthplace,* West River Md
8. *Full Name of Father,* Charles Henry Hall
9. *Father's Occupation* Waiting
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Susan Young

Address, 221 W Vicend St Baltimore Md

Remarks,

1895 0001654

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8. Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born March 15th 1895
4. *Place of Birth, (Street and Number)*	#2118. Frederick Ave
5. *Full Name of Mother,*	Mrs. Marie Schlaich
6. *Mother's Maiden Name,*	Miss " Reichert
7. *Mother's Birthplace,*	Würtenberg. Germany
8. *Full Name of Father,*	Henry Schlaich
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Würtenberg. Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Hiller
Address,	#2008 N. Henry St
Remarks,	

1895000 1655

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63908

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 15 - 1895
4. Place of Birth, (Street and Number) 1719 Canton Ave.
5. Full Name of Mother, Caroline Leimbach
6. Mother's Maiden Name, Wenzel
7. Mother's Birthplace, Germany
8. Full Name of Father, Eduard Leimbach
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Tetlin

Address, 142 E. Pratt St.

Remarks, 1895 0001656

Every birth which occurs in the City of Baltimore shall be reported to the Commissioner of Health, and the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-18-60

RETURN OF A BIRTH 63909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Henry Conrad Gross

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15th of May 95
4. Place of Birth, (Street and Number) 312 Forrest St.
5. Full Name of Mother, Elizabeth Gross
6. Mother's Maiden Name, Elizabeth Bender
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Gross
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Heuler Midwife

Address, 2116 W. Pratt St.

Remarks,

1 8 9 5 0 0 0 1 6 5 7

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 63910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 16 1895
4. *Place of Birth, (Street and Number)* 1728 N Bond St
5. *Full Name of Mother,* Mary Alice Roff
6. *Mother's Maiden Name,* " " Hall
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Harry Roff
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. J T Spicknall MD

Address, 14 N Patterson Pk Ave

Remarks,

1895000 1658

month, and shall set forth as far as the same can be ascertained the full name of each child. (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 16 1895
4. *Place of Birth, (Street and Number)* 211 S. Caroline St.
5. *Full Name of Mother,* Laura Fields
6. *Mother's Maiden Name,* Gerhard
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Luke Fields
9. *Father's Occupation* Cabinet
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Harry Stein

Address, 142 E Hatt St.

Remarks,

1895 0001659

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	16th of March 95
4. *Place of Birth, (Street and Number)*	1939 Lemon St
5. *Full Name of Mother,*	Anna Walls
6. *Mother's Maiden Name,*	Anna Hodges
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	William Walls
9. *Father's Occupation*	Laber
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Friedeike Heuler Midwife
Address,	2116 W. Pratt St
Remarks,	

1895 U 0 0 1 6 6 0

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 63913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 16th 1895
4. *Place of Birth, (Street and Number)* 615 W. Pratt
5. *Full Name of Mother,* Kate Ann Brooks,
6. *Mother's Maiden Name,* Dr Dr Burton
7. *Mother's Birthplace,* ~~Co. Ct~~ Baltimore, Md.
8. *Full Name of Father,* Michael J. Brooks,
9. *Father's Occupation* Wagon Smith
10. *Father's Birthplace,* County Clare Ireland.

Name of Medical Attendant, or other person who makes this Return, Joseph C. Wunder M.D.,

Address, 1070 West Fayette St.,

Remarks, 1 B 95-00-01-664

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TURN OF A BIRTH. 63914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 16th March 1895
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,* Martha Frydinays
6. *Mother's Maiden Name,* Wrightson
7. *Mother's Birthplace,* Bay Hundred Talbot Co Md
8. *Full Name of Father,* Lloyd Frydinays
9. *Father's Occupation* waterman
10. *Father's Birthplace,* Calvert Co Md

Name of Medical Attendant, or other person who makes this Return, Elizabeth Agewell

Address, 436 E Fort Ave

Remarks,

B 9 5 0 0 0 1 6 6 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the and shall occur without the attendance of a physician or practioner of midwifery, or should no other per child to report its birth to the Commissioner of Health, in the manner and within the period above requ any such person or persons who shall hereafter fail to comply with the provisions of this section shall jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are reco

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63915

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, March 16th 1895
4. Place of Birth, (Street and Number) 65 South Howard Street
5. Full Name of Mother, Lester Roberts
6. Mother's Maiden Name, Lester Robson
7. Mother's Birthplace, Accomac County Va
8. Full Name of Father, Henry Roberts
9. Father's Occupation Hunter
10. Father's Birthplace, Summerset County Md

Name of Medical Attendant, or other person who makes this Return, Charlotte Gilliam M.D.

Address, 710 Leadenhall St.

Remarks, 1895 U 001663

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 te

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16th of March 95
4. Place of Birth, (Street and Number) 2014 Mary Ann St
5. Full Name of Mother, Mage Müller
6. Mother's Maiden Name, Mage Beier
7. Mother's Birthplace, Germany
8. Full Name of Father, Wilhelm Müller
9. Father's Occupation Blacksmith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 216 W Pratt St

Remarks,

1895000 1664

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 63917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2te

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16th of March 91
4. *Place of Birth, (Street and Number)* 229 Pentalan St
5. *Full Name of Mother,* Margrethe Röhle
6. *Mother's Maiden Name,* Margarethe Rausch
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Carl Röhle
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Heuler Midwife

Address, 2116 W. Pratt St

Remarks,

1 8 9 5 0 0 0 1 6 6 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 63918

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* 1st of March 1895
4. *Place of Birth, (Street and Number)* No 1223 Eutaw St
5. *Full Name of Mother,* Kate Connelly
6. *Mother's Maiden Name,* Kate Jane Mealy
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father.* Wm Scott
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Jno. Chas Jones

Address, No 1059 Harford Ave

Remarks, Bal. Md.

1895 0 0 1 9 6 6

(If Counted) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 8-28-57

RETURN OF A BIRTH. 63919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Herbert John Jacob Lentz

No. of Child of Mother (state whether 1st, 2d, 3d, &c.), 6th.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, March 17 1896
4. Place of Birth, (Street and Number) 2307 Fosters Ave.
5. Full Name of Mother, Hanna Lentz.
6. Mother's Maiden Name, Hanna Hasman.
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Lentz.
9. Father's Occupation Cooper
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne.

Address, 824 Lanvale St.

Remarks,

1895000167

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 63920

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17 of March 1895.
4. Place of Birth, (Street and Number) 1431 Orleans Str
5. Full Name of Mother, Ella Roberts
6. Mother's Maiden Name, Ella Walter
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Johann Roberts
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore M.D.

Name of Medical Attendant, or other person who makes this Return, Mrs Ida Hille.

Address, 207 N. Castle Str.

Remarks, 1895 0001668

Wm J. C. Dulany Co., City Printers and Stationers.

...tech conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63921

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 17th 1895
4. *Place of Birth, (Street and Number)* Nor 4 Fort Hill Ave
5. *Full Name of Mother,* Ella Hafer
6. *Mother's Maiden Name,* Ella Lewis
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Hafer
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 0750001669

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63922

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 17th 1895.
4. Place of Birth, (Street and Number) 510 E Edmonson Ave.
5. Full Name of Mother, Mary Freundenberger
6. Mother's Maiden Name, Mary Pfister
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Joseph Freundenberger
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary M. Taylor

Address, #616 S. Patterson pk. Ave

Remarks, 1895 00016 70

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63923

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 17/95.

4. Place of Birth, (Street and Number) 740 W. German St.

5. Full Name of Mother, Josephine Gregory

6. Mother's Maiden Name, Etzel

7. Mother's Birthplace, Germany.

8. Full Name of Father, John Gregory

9. Father's Occupation Steam-Fitter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. Norwood

Address, 939 W. Fayette St.

Remarks, 1895 0001611

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 63924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	March 17 th 1895
4. *Place of Birth, (Street and Number)*	534 W. Preston street
5. *Full Name of Mother,*	Mary Johnson
6. *Mother's Maiden Name,*	Mary House
7. *Mother's Birthplace,*	Eastern Shore
8. *Full Name of Father,*	James Johnson
9. *Father's Occupation*	Wagoner
10. *Father's Birthplace,*	Eastern Shore
Name of Medical Attendant, or other person who makes this Return.	Dr G W Kennard
Address,	708 Eason street
Remarks,	Full developed

1895 0001672

Wm. J. C. Dulany Co., City Printers and Stationers.

Each Coroner, his sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63925

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child Allen

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	March 17 95
4.	*Place of Birth, (Street and Number)*	# 934 Boyd St
5.	*Full Name of Mother,*	Bridget Nolan
6.	*Mother's Maiden Name,*	Bridget Ridington
7.	*Mother's Birthplace,*	Ireland
8.	*Full Name of Father,*	Antony Nolan
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Ireland
	Name of Medical Attendant, or other person who makes this Return,	Mrs O'Hayer
	Address,	924 Hollins St
	Remarks,	

1895000167 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 63926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 17 — 1895
4. Place of Birth, (Street and Number) 1939 Fairmount Ave.
5. Full Name of Mother, Bertha L. L. Keller
6. Mother's Maiden Name, Worg
7. Mother's Birthplace, Germany
8. Full Name of Father, George C. Keller
9. Father's Occupation Finisher
10. Father's Birthplace, Philadelphia Pa

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1127 E. Oath St.

Remarks, 8950001674

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 63427

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	13th (10) Mary 1895
4. *Place of Birth, (Street and Number)*	Charles St. N. 1721.
5. *Full Name of Mother,*	Kathi Puffon
6. *Mother's Maiden Name,*	" Kraus.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Robert Puffon.
9. *Father's Occupation*	Later
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Lizzie Schaffer
Address,	E Fait ave 1105.
Remarks,	

8950001675

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63928

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 18th 1895
4. *Place of Birth, (Street and Number)* 229 W Henrietta St
5. *Full Name of Mother,* Naomi Stewart
6. *Mother's Maiden Name,* Naomi Hudson
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John Stewart
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Willie Gross

Address, 17 Winder St

Remarks, 8 7 5 0 0 0 1 6 7 6

Births, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 63929

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 18th March 1876
4. *Place of Birth (Street and Number),* 1622 Elizabeth Place
5. *Full Name of Mother,* Elizabeth Schuyler
6. *Mother's Maiden Name,* Elizabeth Jones
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert Schuyler
9. *Father's Occupation,* Tobacconist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. E. Coates Armistead

Address, 1811 Druid Hill Place City

Remarks, 8 7 5 0 0 0 1 8 7 7 Dig Att

The Baltimore Publishing Co., City Printers and Stationers.

GIVEN NAME ADDED 6-19-59

RETURN OF A BIRTH. 63930.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Thomas Osben Hawkins

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 18th 1895
4. *Place of Birth, (Street and Number)* No. 68 Maiden Choice Lane
5. *Full Name of Mother,* Sarah Hopkins
6. *Mother's Maiden Name,* Sarah Lilyman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Patrick Hawkins
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 8 4 5 0 0 0 1 6 7 8

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63931

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 18th
4. *Place of Birth, (Street and Number)*	1320 E Biddle
5. *Full Name of Mother,*	Maggie Reild
6. *Mother's Maiden Name,*	Maggie Nichols
7. *Mother's Birthplace,*	Balt
8. *Full Name of Father,*	J H Reild
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Balt
Name of Medical Attendant, or other person who makes this Return,	Daniel C Moyer MD
Address,	1200 N Eden St
Remarks,	6950001679

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

Note. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 12

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15th of May 95
4. *Place of Birth, (Street and Number)* 609 Mulberry St.
5. *Full Name of Mother,* Mary Stein
6. *Mother's Maiden Name,* Mary Dimler
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Stein
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Friedrike Keuler Midwife

Address, 2116 W Pratt St.

Remarks,

1895 0001680

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63433

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18th March
4. *Place of Birth, (Street and Number)* Federal St 2048
5. *Full Name of Mother,* Lizzie Shultz
6. *Mother's Maiden Name,* Lizzie Bushby
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Gustave Shultz
9. *Father's Occupation* Black Smith
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bruns

Address,

Remarks, 1895 0001681

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1/22/96

RETURN OF A BIRTH. 63934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: MAY ELLA FIELDS

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 18 1895
4. Place of Birth, (Street and Number) 704 N Fremont ave
5. Full Name of Mother, Mrs Sophia Ella Fields
6. Mother's Maiden Name, Miss " " Jackson
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John J Fields
9. Father's Occupation Watchman
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return Susan Hunter

Address, 704 N Fremont ave

Remarks, 23 d U Supreme Ct

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63935

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18th March
4. *Place of Birth, (Street and Number)* 1156 Carroll Street
5. *Full Name of Mother,* Annie L Whiteford
6. *Mother's Maiden Name,* Annie L Einwachter
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Nicholas B. Whiteford
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Bauge

Address, 711 N. Gross st

Remarks.

1 8 9 5 0 0 0 1 6 8 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63936

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 18th 8 03 A M
4. *Place of Birth (Street and Number)* Guilford Ave & Cold Spring Lane
5. *Full Name of Mother* C. A. Birthall
6. *Mother's Maiden Name* C. A. Keys
7. *Mother's Birthplace* Reading Pa
8. *Full Name of Father* Wm Birthall
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. James E Donnelly M D

Address 1701 Baltimore St East

Remarks

8950001684

GIVEN NAME ADDED 5-12-59

RETURN OF A BIRTH. 13937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harry Koeneke

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 18th 1895
4. Place of Birth, (Street and Number) 1040 Light
5. Full Name of Mother, Bertha Koeneke
6. Mother's Maiden Name, " Goetz
7. Mother's Birthplace, Germany
8. Full Name of Father, Aug Koeneke
9. Father's Occupation Tailor
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, Katie Minnah

Address, 800 Leadenhall Street

Remarks,

8 9 5 U 0 0 1 6 8 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH 63938

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Anna Marie Creamer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18th March
4. Place of Birth, (Street and Number) 2406 Fait av
5. Full Name of Mother, Maggie Creamer
6. Mother's Maiden Name, Maggie Ott
7. Mother's Birthplace, Germany
8. Full Name of Father, Harry Creamer
9. Father's Occupation, Iron Molder
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary Creamer

Address, Baltimore County

Remarks,

18 50001686

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 4-1-55

RETURN OF A BIRTH. 63939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Claude Sanctuary ~~Davis~~

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) March th 27 1895 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18 March - 1895
4. Place of Birth, (Street and Number) No 17 North Mount St
5. Full Name of Mother, Lena Davis
6. Mother's Maiden Name, Lena Wolf
7. Mother's Birthplace, Germany
8. Full Name of Father, Father William Davis
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore St D

Name of Medical Attendant, or other person who makes this Return, Maggie C Water

Address, 1328 West Baltimore St

8950001687

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63940

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 18
4. Place of Birth, (Street and Number) 421 Oliver St
5. Full Name of Mother, Mary Wealch
6. Mother's Maiden Name, Mary Redmond
7. Mother's Birthplace, St Marys County Md
8. Full Name of Father, Michael Wealch
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs. Cunningham

Address,

Remarks,

1895 0001688

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mar. 18, 1895
4. Place of Birth, (Street and Number) 823 William St
5. Full Name of Mother, Naoma Tall
6. Mother's Maiden Name, Naoma Harris
7. Mother's Birthplace, ~~Md~~ Balto
8. Full Name of Father, Henry Tall
9. Father's Occupation Salesman
10. Father's Birthplace, Louisiana

Name of Medical Attendant, or other person who makes this Return, Dr. R. Cooley

Address, 213 E. Lexington St

Remarks, Living Male

8950001689

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63945

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Fml
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 15 1895
4. *Place of Birth, (Street and Number)* 16 Wolfe St
5. *Full Name of Mother,* Barbara Hollstein
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Andreio Hollstein
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary A. Coffin

Address, 1 W Eastman Bay 205

Remarks, 8950001690

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63943

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* [illegible]

4. *Place of Birth, (Street and Number)* [illegible]

5. *Full Name of Mother,* Maggie Kell

6. *Mother's Maiden Name,* [illegible] Bayer

7. *Mother's Birthplace,* [illegible]

8. *Full Name of Father,* John Kell

9. *Father's Occupation* Butcher

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, 1907 E Monument St

Remarks, 8 9 5 0 0 0 1 6 9 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 18
4. *Place of Birth, (Street and Number)*	607 Cross St
5. *Full Name of Mother,*	Lina Eble
6. *Mother's Maiden Name,*	Lina Mulle
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Henry Eble
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Wellington Slifer
Address,	611 S Loan
Remarks,	

8 9 5 0 0 0 1 6 9 2

Every midwife, and every person other than a physician or practitioner in attendance at a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63946

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Walter ~~Blake~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 18 1895
4. Place of Birth, (Street and Number) St Vincents Infant Asylum
5. Full Name of Mother, Louise Blake
6. Mother's Maiden Name, Fitzpatrick
7. Mother's Birthplace, Penna
8. Full Name of Father, Stanislaus Blake
9. Father's Occupation Driver
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Geo. Rush M.D.

Address, 600 Dr. Lawrence

Remarks,

8950001693

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 63946

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 17 - 1895
4. *Place of Birth, (Street and Number)* North ave 1358
5. *Full Name of Mother,* Margaret Reardon
6. *Mother's Maiden Name,* " Kellelee
7. *Mother's Birthplace,* Pikesville Balto co Md.
8. *Full Name of Father,* Dennes Reardon
9. *Father's Occupation,* Fire man
10. *Father's Birthplace,* Carroll Co. Md.

Name of Medical Attendant, or other Person who makes this Return. James Bacon M.D.

Address, 1337 North ave.

Remarks,

8950001694

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 63947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* B o J
2. *Race or Color, (if not of the white race)* W hite
3. *Date of Birth,* March 13 1895
4. *Place of Birth, (Street and Number)* N Patterson Park ave 573
5. *Full Name of Mother,* Mary Krbusek
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* B o hemia
8. *Full Name of Father,* Mate Krbusek
9. *Father's Occupation* Tobr
10. *Father's Birthplace,* B o hemia

Name of Medical Attendant, or other person who makes this Return Mary Shipley

Address, N Washington st 208

Remarks, 1895000163

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63948

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 18th 1896
4. *Place of Birth, (Street and Number)* 1115 Pennsylvania Ave
5. *Full Name of Mother,* Lena Needle
6. *Mother's Maiden Name,* Lena Lear
7. *Mother's Birthplace,* Of Russia
8. *Full Name of Father,* Simon Needle
9. *Father's Occupation* Clothier
10. *Father's Birthplace,* Of Russia

Name of Medical Attendant, or other person who makes this Return, Mrs H Newingdel

Address, 543 W Mulberry

Remarks,

8950001-96

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 13949

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female). Male

2. Race or Color, (if not of the white race) W

3. Date of Birth, March 18 90

4. Place of Birth, (Street and Number) The Lyingin Hospital 632 N Lombard St -

5. Full Name of Mother, Lizzie Dorsey

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Harry L Lutes MD Resd Phys.

Address,

Remarks, 8950001697

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* March 18 1895
4. *Place of Birth, (Street and Number)* The Lying in Hospital 622 N Lombard St.
5. *Full Name of Mother,* Mary Brownell
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Harry G Utley MD Resident Phys

Address,

Remarks, 8950001698

Wm. J. C. Dulany Co., City Printers and Stationers.

Every physician or midwife in attendance upon the birth of a child shall, within ten days after the birth, have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* March 18 9½
4. *Place of Birth, (Street and Number)* 222 Jasper St
5. *Full Name of Mother,* Lucy Boyd
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Harry G. Lettley MD

Address, 622 N Lombard St.

Remarks,

699

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63955

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IV

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 19 95
4. Place of Birth, (Street and Number) 1010 E Pratt St
5. Full Name of Mother, Mary Michaelson
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Harry G Ottley MD

Address, 628 N Longwood St

Remarks, 8950001700

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

MIDDLE NAME ADDED. 12-3-58

RETURN OF A BIRTH. 139553

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Grace Pauline Betz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 31 - 1895
4. *Place of Birth, (Street and Number)* 1524 Linden Ave
5. *Full Name of Mother,* Mary Betz
6. *Mother's Maiden Name,* Mary Lutz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Betz
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Dr. Lewis

Address, 1524 Linden Ave

Remarks. 8 9 5 0 0 0 1 7 0 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Births, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* ____

3. *Date of Birth,* 14 Feb'y 1895

4. *Place of Birth, (Street and Number)* 216 Edmont

5. *Full Name of Mother,* Carrie Lucy Bennett

6. *Mother's Maiden Name,* Bennett

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* Peter Williams

9. *Father's Occupation* Waiter

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Jno. E. Turner M.D.

Address, 1017 E. Monument St

Remarks, 6 7 5 0 0 0 1 7 0 2

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63955

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 19th March 1895
4. *Place of Birth, (Street and Number)* 419 Bowdens St
5. *Full Name of Mother,* Susan Smith
6. *Mother's Maiden Name,* Bosman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Smith
9. *Father's Occupation* Ship Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Agnell

Address, 436 E Fort Ave

Remarks,

1 8 9 5 0 0 0 1 7 0 3

been connected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-4-60

RETURN OF A BIRTH. 63956

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Frederick Mitchell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 19th March 1895
4. Place of Birth, (Street and Number) 938 E Fort Ave
5. Full Name of Mother, Mary Mitchell
6. Mother's Maiden Name, Craigg
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry Craigg Mitchell
9. Father's Occupation Tinner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Yeswell

Address, 436 E Fort Ave

Remarks,

+ 8950001704

Wm. J. C. Dulany Co., City Printers and Stationers.

been corrected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63957

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child.

1. *Sex (state whether male or female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* 19th March, 1895
4. *Place of Birth (Street and Number)* 1316 Hanover St.
5. *Full Name of Mother* Katrina Kern Odenique
6. *Mother's Maiden Name* Katrina Kern.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* Edw. Odenique.
9. *Father's Occupation* Bricklayer.
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Lanahan.

Address No. 104 Hutchinson St.

Remarks Doing well.

1895000.1705

RETURN OF A BIRTH. 63958

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 19th 1895
4. Place of Birth, (Street and Number) 1615 W. Saratoga St.
5. Full Name of Mother, Annie Gertrude Warden
6. Mother's Maiden Name, Annie Gertrude Rau
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John William Warden
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Hagerstown Washn Co. Md

Name of Medical Attendant, or other person who makes this Return, Chas E. Dennis M.D.

Address, 405 N. Greene St.

Remarks, 8950001706

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 63959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	W.
3. *Date of Birth,*	19 March 1895
4. *Place of Birth, (Street and Number)*	1412 Myrtle Ave.
5. *Full Name of Mother,*	Julia Louise Spilman,
6. *Mother's Maiden Name,*	Prevost,
7. *Mother's Birthplace,*	Balto. City,
8. *Full Name of Father,*	Robt. Lee Spilman,
9. *Father's Occupation,*	Trav. Salesman,
10. *Father's Birthplace,*	Augusta, Georgia,
Name of Medical Attendant, or other person who makes this Return.	J. F. Engle M.D.
Address,	1007 W. Fayette
Remarks,	

1 8 9 5 0 0 0 1 7 0 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63960

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* ~~1063~~ Pabong March 17 1895
4. *Place of Birth, (Street and Number)* 1063 Pabong Street
5. *Full Name of Mother,* Sadie Snell
6. *Mother's Maiden Name,* Sadie Young
7. *Mother's Birthplace,* Pocomacia
8. *Full Name of Father,* William Snell
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore Co

Name of Medical Attendant, or other person who makes this Return, Caroline Queen

Address, 1066 Pabong Street

Remarks, 0 9 5 0 0 0 1 7 0 8

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 63961

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 15, 1895
4. Place of Birth (Street and Number)	329 N. Carrollton Ave
5. Full Name of Mother	Cora E. Walraven
6. Mother's Maiden Name	Cora E. Riggin
7. Mother's Birthplace	(Balt.) Md.
8. Full Name of Father	Isaac F. Walraven
9. Father's Occupation	Expressman
10. Father's Birthplace	Kent Co Md
Name of Medical Attendant, or other Person who makes this Return.	John C. Harris M.D.
Address	773 W. Lexington St
Remarks	18950001709

RETURN OF A BIRTH. 63962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 19/95
4. Place of Birth, (Street and Number) # 119 Hollins St
5. Full Name of Mother, Mary Garvey
6. Mother's Maiden Name, Mary Higgins
7. Mother's Birthplace, Ireland
8. Full Name of Father, Patrick Garvey
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. O'Bayer

Address, 924 Hollins St

Remarks, 1895000171 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 63963

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, March 19 1895
4. Place of Birth, (Street and Number) 602 ½ alley
5. Full Name of Mother, Beeky Renerd
6. Mother's Maiden Name, Beeky garner
7. Mother's Birthplace, Carroll County Kent County Md
8. Full Name of Father, Eiver Renard
9. Father's Occupation labor
10. Father's Birthplace, North Caralines

Name of Medical Attendant, or other person who makes this Return Jane Wilson

Address, 124 west Stuyvesant

Remarks, full 9 months

8 4 5 0 0 0 1 7 1 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 63964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3te

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19th of March 95
4. Place of Birth, (Street and Number) 628 Gilman St.
5. Full Name of Mother, Mary Uehlstedt
6. Mother's Maiden Name, Mary Ridiger
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Uehlstedt
9. Father's Occupation Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 2116 W Pratt St

Remarks,

8950001712

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62965

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* Twins, Male & Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mch. 19 95
4. *Place of Birth, (Street and Number)* 1109 No Carrollton Ave
5. *Full Name of Mother,* Mrs. Foster
6. *Mother's Maiden Name,* Mrs. Geary
7. *Mother's Birthplace,* England
8. *Full Name of Father,* N. P. Foster
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, J. H. Ashton

Address, 1326 E. Pratt st

Remarks,

8950001713

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RETURN OF A BIRTH. 63966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) W. White
3. Date of Birth, March 19 1895
4. Place of Birth, (Street and Number) Ashland ave 1524
5. Full Name of Mother, Mary Wolvine
6. Mother's Maiden Name, Eisly
7. Mother's Birthplace, Bohemingen
8. Full Name of Father, Charle Wolvine
9. Father's Occupation Sailor
10. Father's Birthplace, Bohemen

Name of Medical Attendant, or other person who makes this Return Mary Kopitis

Address, 1 Washington ave 205

Remarks, 8 4 5 0 0 0 1 7 1 A

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 13967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 2d 1915
4. *Place of Birth, (Street and Number)* 302 East Baltimore St.
5. *Full Name of Mother,* Clara Tafft
6. *Mother's Maiden Name,* Schultz
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Robert E. G. Tafft
9. *Father's Occupation* Conductor B. & O. R. R. Co.
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. J. D. Thurston M.D.

Address, 101 Eastern Ave.

Remarks, 8 9 5 0 0 0 1 7 1 5

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63968

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex,* (state whether male or female) Female
2. *Race or Color,* (if not of the white race) Caucasian
3. *Date of Birth,* March 20th 1895
4. *Place of Birth,* (Street and Number) 1110 N. Hoffman St
5. *Full Name of Mother,* Cecilia Florence Metcalf
6. *Mother's Maiden Name,* Cecilia Florence Cunningham
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* William Terry Metcalf
9. *Father's Occupation* Iron worker
10. *Father's Birthplace,* Baltimore, Md

Name of Medical Attendant, or other person who makes this Return. Louise Eaton, M.D. Resident

Address, Maternity & Samaritan Hospital

Remarks, 1110 N. Hoffman St

8 9 5 0 0 0 1 7 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-1-53

RETURN OF A BIRTH. 63969

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Alma Margaret Adams

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 20, 1876
4. Place of Birth, (Street and Number) 621 Mosher Ave.
5. Full Name of Mother, Mollie Adams.
6. Mother's Maiden Name, Mollie Smith.
7. Mother's Birthplace, Balto.
8. Full Name of Father, Mayer Adams.
9. Father's Occupation Engineer.
10. Father's Birthplace, Salisbury.

Name of Medical Attendant, or other person who makes this Return, Mary L Dwayne

Address, 824 Caton St.

Remarks,

8950001717

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 63970

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex (state whether male or female),* Male.
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* March 20th 1896
4. *Place of Birth (Street and Number),* 1944 Marshall Avenue.
5. *Full Name of Mother,* Mary Haines
6. *Mother's Maiden Name,* Mary Marshall
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Sidney Haines
9. *Father's Occupation,* Brakeman
10. *Father's Birthplace,* Carroll County Maryland.

Name of Medical Attendant, or other person who makes this Return. Elizabeth Donaldson

Address, 1811 Bolton Place City.

Remarks, Mother & Child doing well.

8/9 5 0 0 0 1 7 1 8

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

GIVEN NAME ADDED 8-23-49.

RETURN OF A BIRTH. 63971

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Frederick Eberhardt Lang.

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 20th 95
4. *Place of Birth, (Street and Number)* 731 Ramsey St
5. *Full Name of Mother,* Louisa Lang
6. *Mother's Maiden Name,* Louisa Schelig
7. *Mother's Birthplace,* Hanover. Germany
8. *Full Name of Father,* George Lang
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Bayern. Germany

Name of Medical Attendant, or other person who makes this Return, Dr. Bonner

Address, Cook St

Remarks, But Paca & Ridgely St City

8 4 5 0 0 0 1 7 1 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63972

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 26th March 1895
4. *Place of Birth, (Street and Number)* 723 E Fort Ave
5. *Full Name of Mother,* Rose Williams
6. *Mother's Maiden Name,* Cooper
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Alexander Williams
9. *Father's Occupation* Baltimore
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Elizabeth Agnewell

Address, 436 E Fort Ave

Remarks,

8 9 5 0 0 0 1 7 2 0

If any person shall neglect to report the birth of any child, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63973

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 2c 1895
4. *Place of Birth, (Street and Number)* 609 Alice Ann St.
5. *Full Name of Mother,* Anna Schmidt
6. *Mother's Maiden Name,* Ruppersberger
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Schmidt
9. *Father's Occupation* Horse shoer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 429 E. Fayette St.

Remarks,

8950001721

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 20 1895
4. *Place of Birth, (Street and Number)* Register st 518
5. *Full Name of Mother,* Katie Rorlit
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohaimont
8. *Full Name of Father,* Joseph Rorlit
9. *Father's Occupation* Doctor
10. *Father's Birthplace,* Bohaimer

Name of Medical Attendant, or other person who makes this Return, Mary Kaplis

Address, 1 P Washington st 208

Remarks, 8 9 5 0 0 0 1 7 2 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63975

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) W hite
3. Date of Birth, March 29 1895
4. Place of Birth, (Street and Number) N Washington st 431
5. Full Name of Mother, Mary Mutch
6. Mother's Maiden Name, Rockey
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Christ Rockey
9. Father's Occupation Labor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return Mary Shafer

Address, N Washington st 205

Remarks, 8950001723

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2-20-59

RETURN OF A BIRTH. 63996

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Friederike Marie Rosenbauer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 20. 1895
4. *Place of Birth, (Street and Number)* 603 Cross St.
5. *Full Name of Mother,* Marie Rosenbauer
6. *Mother's Maiden Name,* Marie Penzel
7. *Mother's Birthplace,* Hersbruck, Bayern, Germany
8. *Full Name of Father,* Otto Rosenbauer
9. *Father's Occupation* Silversmith
10. *Father's Birthplace,* Linz, Oberösterreich, Austria

Name of Medical Attendant, or other person who makes this Return, Mrs Bauge

Address, 711 S. Broadway

Remarks,

1895 0001724

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 20th 1895
4. Place of Birth, (Street and Number) 415 Tyson St
5. Full Name of Mother,
6. Mother's Maiden Name, Dutton Lewis
7. Mother's Birthplace, Lewisetta Virginia
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, 1021 Park ave,

Remarks, 8450001725

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 20/95
4. Place of Birth, (Street and Number) 227 S. Bethel Str.
5. Full Name of Mother, Mary L. Roth
6. Mother's Maiden Name, " " Bimkoff
7. Mother's Birthplace, Balto.
8. Full Name of Father, John G. Roth
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Diedenhofer

Address, 2215 Gough Str.

Remarks,

8 9 5 0 0 0 1 7 2 6

Wm. J. C. Dulany Co., City Printers and Stationers.

been committed) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63979

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March the 20 1895

4. *Place of Birth, (Street and Number)* Ramsey st N 1820

5. *Full Name of Mother,* Nettie M Dailey

6. *Mother's Maiden Name,* Nettie M warner

7. *Mother's Birthplace,* Carrol Co Md

8. *Full Name of Father,* Henry Dailey

9. *Father's Occupation* wood worker

10. *Father's Birthplace,* new orleans

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8950001727

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 63980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female).*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 29, 95
4. *Place of Birth, (Street and Number)*	1039 N. Central Ave
5. *Full Name of Mother,*	Eva Fluckenstein
6. *Mother's Maiden Name,*	Dayses
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	John Dayses
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return,	Caroline Miller
Address,	1605 Walker St
Remarks,	

1 8 9 5 0 0 0 1 7 2 8

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63981

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 21st 95
4. Place of Birth, (Street and Number) 650 Brune St.
5. Full Name of Mother, Martha A. McNeill
6. Mother's Maiden Name, Martha Adair
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Ronald McNeill
9. Father's Occupation Merchant
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Ida Goldack M.D.

Address, 1030 McCulloh St.

Remarks, 8 9 5 0 0 0 1 7 2 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 63982

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mar 21, 1890
4. *Place of Birth, (Street and Number)* 19 Westgate St
5. *Full Name of Mother,* Annie Gerhardt
6. *Mother's Maiden Name,* Annie Stumpf
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Louis Gerhardt
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Dr. R. Lee Pearce

Address, 213 E Hull St

Remarks, Morning Visit

1 8 9 5 0 0 0 1 7 3 0

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second child.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Thursday 21st March
4. *Place of Birth, (Street and Number)* 726 E. Broadway -
5. *Full Name of Mother,* Emma Louisa Perkins
6. *Mother's Maiden Name,* " " Yearly
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John C. Perkins
9. *Father's Occupation*
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. E. Mathey M.D.

Address, 600 E. Broadway -

Remarks,

8950001731

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 21st 1895
4. *Place of Birth, (Street and Number)*	1154 Hanlicoke St. Balto.
5. *Full Name of Mother,*	Kate R. Seibel
6. *Mother's Maiden Name,*	Kate R. Sowers
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John D. Seibel
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Ranger
Address,	1154 ~~Hanlicoke~~ St Croix
Remarks,	Baltimore

8950001732 M.D.

Wm. J. C. Dulany Co., City Printers and Stationers.

...sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63985

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 ond
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 21st 1895
4. *Place of Birth, (Street and Number)*	# 1222 Light st
5. *Full Name of Mother,*	Emma A. Garies
6. *Mother's Maiden Name,*	Barlett
7. *Mother's Birthplace,*	Balto city
8. *Full Name of Father,*	Chas A. Garies
9. *Father's Occupation,*	Printer
10. *Father's Birthplace,*	Balto. City
Name of Medical Attendant, or other person who makes this Return.	R. C. Lee
Address,	Hanover st
Remarks,	8950001733

Every midwife, physician or practitioner of midwifery, or other person who shall certify the birth of any child, shall correctly its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2-6-56

RETURN OF A BIRTH. 63986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Agnes Ruth Burkert

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 21 1905
4. Place of Birth, (Street and Number) 1923 N Stoll St
5. Full Name of Mother, Agnes Burkert
6. Mother's Maiden Name, " Scarborough
7. Mother's Birthplace, Balto Md
8. Full Name of Father, John Burkert
9. Father's Occupation Painter
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Walker

Remarks,

8950001734

Each Child born alive in Baltimore City after the first day of January, 1875, shall have its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3,
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	21 March
4. *Place of Birth, (Street and Number)*	1444 Cecil st.
5. *Full Name of Mother,*	Minna Waterman
6. *Mother's Maiden Name,*	" Kelly
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Louis Waterman
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Portland Maine
Name of Medical Attendant, or other person who makes this Return,	Kath. Myers.
Address,	1331 Hull st. Locus Point.
Remarks,	

8 4 5 U 0 0 1 7 3 5

Wm. J. C. Dulany Co., City Printers and Stationers.

14 12

GIVEN NAME ADDED 2-22-57

RETURN OF A BIRTH. 63988

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elizabeth Mary Yaeger

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 & 2.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21st. March 1895
4. Place of Birth, (Street and Number) 206 Henrietta st. near Lehr
5. Full Name of Mother, Lizzie Yaeger
6. Mother's Maiden Name, Lizzie Schwarzkopf
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, George Yaeger
9. Father's Occupation Potter
10. Father's Birthplace, Prussen Germeni

Name of Medical Attendant, or other person who makes this Return, Katie Minch

Address, 802 Leadenhall Street.

Remarks,

8950001736

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63989

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 21 1895
4. Place of Birth, (Street and Number) S Bond st 835
5. Full Name of Mother, Francis Sadowski
6. Mother's Maiden Name, Bohuinzey
7. Mother's Birthplace, Poland
8. Full Name of Father, Peter Sadowski
9. Father's Occupation Labor
10. Father's Birthplace, Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Hopkins

Address, N Washington st 205

Remarks, 1895 0 0 0 1 7 3 7

Wm. J. C. Dulany Co., City Printers and Stationers.

The name can be ascertained, the full name of each child. (If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 4 1895
4. *Place of Birth, (Street and Number)* Miltmont st 1615
5. *Full Name of Mother,* Antonia Dvorak
6. *Mother's Maiden Name,* Dvorak
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Joseph Dvorak
9. *Father's Occupation* Boe maker
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return Mary Staples

Address, 11 Washington st 1020

Remarks, 895000 138

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63991

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21 March 1899
4. Place of Birth, (Street and Number) 509 Lurman St.
5. Full Name of Mother, Maggie Telschow
6. Mother's Maiden Name, Maggie Haine
7. Mother's Birthplace, Germany
8. Full Name of Father, Louis Telschow
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return? Mrs Ellen Smith

Address, 504 S. Washington St.

Remarks, 8450001739

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63992

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Female
3. Date of Birth, Feb 1 / 95
4. Place of Birth, (Street and Number) 21 Penn St
5. Full Name of Mother, Mary Dorsey
6. Mother's Maiden Name, Mary Johnson
7. Mother's Birthplace, Del
8. Full Name of Father, Wm Johnson
9. Father's Occupation, Waiter Very recently
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Jane Woodland

Address,

Remarks, 1895000 1740

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shall occur without the mother, immediately thereafter, in the manner and within the period above required, and said schedule shall be delivered, duly signed by the practitioner or midwifery, or should no other person be in been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the ...shall have ...as far as the same can be ascertained the full name of each child, (if any ...

RETURN OF A BIRTH 63993

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th child

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 22nd March 1895
4. *Place of Birth (Street and Number),* 1631 Chatsworth St
5. *Full Name of Mother,* Catherine Schneider
6. *Mother's Maiden Name,* Catherine Bauer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Schneider
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Donaldson

Address, 1811 Westfall St

Remarks, Still born male child

8 7 5 0 0 1 7 4 1

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 63994

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) This is seventh child.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Geboren 23 März 95.
4. Place of Birth, (Street and Number) S. Bond str. № 835.
5. Full Name of Mother, Amy Kwiatkosha.
6. Mother's Maiden Name, Son Brodoski.
7. Mother's Birthplace, Poland.
8. Full Name of Father, Dzian Brodowski.
9. Father's Occupation, Foreland
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Agnes Hodolna

Address, Thames str № 1635

Remarks, 2 cut

1 8 9 5 0 0 0 1 7 4 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63995

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* W

3. *Date of Birth,* March 27 42

4. *Place of Birth, (Street and Number)* Jue Lying in Hospital 622 N Lombard St

5. *Full Name of Mother,* Maggie Mazhakna

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Harry G Utley MD Resident Phys

Address,

Remarks,

1895000 1743

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63996

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) This is first child.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Geboren 22 März / 95.
4. Place of Birth, (Street and Number) Lagiester str No 1631.
5. Full Name of Mother, Stanislawa Krystalkiewicka.
6. Mother's Maiden Name, Medhen Wojciuratka
7. Mother's Birthplace, Poland.
8. Full Name of Father, Adam Wojciwicz.
9. Father's Occupation, Rusland
10. Father's Birthplace, Poland.

Name of Medical Attendant, or other person who makes this Return, Agnes Stodolna

Address, Thames str No 1635

Remarks, 8 9 5 0 0 0 1 3 7 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 6399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 22 1895
4. Place of Birth, (Street and Number) Keyser st 2020
5. Full Name of Mother, Minnie Koehler
6. Mother's Maiden Name, Downey
7. Mother's Birthplace, Austria
8. Full Name of Father, Louis Koehler
9. Father's Occupation Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Mary Hoffus

Address, 1 W Washington Ave

Remarks, 8950001745

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 63 998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 22/95
4. Place of Birth, (Street and Number) 519 S. Cannon Str.
5. Full Name of Mother, Christina Jamer
6. Mother's Maiden Name, " Holzhauser
7. Mother's Birthplace, Germany
8. Full Name of Father, Ernest A. Jamer
9. Father's Occupation Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough Str.

Remarks.

8 9 5 0 0 0 1 7 4 6

Wm. J. C. Dulany Co., City Printers and Stationers.

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 22 d March
4. Place of Birth, (Street and Number) 1372 Woodyear St.
5. Full Name of Mother, Barbara Seibert
6. Mother's Maiden Name, " " Mombardt
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Seibert
9. Father's Occupation Baker
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Mary J Shockney

Address, 731 Lourdes 5200 Old Frankstown

Remarks,

of children, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 64060

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 22 1895
4. Place of Birth, (Street and Number) 248 Dutrim St.
5. Full Name of Mother, Eva Bell King
6. Mother's Maiden Name, " " Mack
7. Mother's Birthplace, Camden New Jersey
8. Full Name of Father, Lee B. King
9. Father's Occupation Fireman
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, R. W. Mansfield M.D.

Address, 129 S. Broadway

Remarks, 1895000 1748

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 22, 1893.
4. *Place of Birth, (Street and Number)* 532 Chesapeake St.
5. *Full Name of Mother,* Agness Collins.
6. *Mother's Maiden Name,* Agness Eaton.
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Thomas Collins.
9. *Father's Occupation* Police Officer.
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mary L Dwayne

Address, 524 Canton St.

Remarks,

1895000 1749

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 64012

LATER NAME ADDED 11-15-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Milton Brummel Lindemore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, March 22, 1893.
4. Place of Birth, (Street and Number) 1825 Hudson St.
5. Full Name of Mother, Ida Lindemore.
6. Mother's Maiden Name, Ida Coons.
7. Mother's Birthplace, Balto.
8. Full Name of Father, James Lindemore.
9. Father's Occupation Lather
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary L Savayne

Address, 524 Canton St.

Remarks, 8950001750

been conferred) its sex, color, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the ... be ascertained, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64013

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 22 nd 1894
4. *Place of Birth, (Street and Number)* 6 & 8 Nine Street City
5. *Full Name of Mother,* Laydia E. Fisher
6. *Mother's Maiden Name,* Snyder
7. *Mother's Birthplace,* Howard County Md.
8. *Full Name of Father,* Nicholas Allen Fisher
9. *Father's Occupation* Stone Cutter
10. *Father's Birthplace,* West Falls Carroll Co

Name of Medical Attendant, or other person who makes this Return, Jane Sims

Address, 640 Patapsco Street

Remarks, My Transcript is 5 Months 8 days Later than this Return to my Caption if any Blank is not filled Except Place of Birth

Color of Child ... Light brown, Hair ... Curley.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

64114

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 20 95
4. *Place of Birth, (Street and Number)*	838 N Lexington
5. *Full Name of Mother,*	Ida M. Trimble
6. *Mother's Maiden Name,*	" Sutton
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Wm Trimble
9. *Father's Occupation*	Electrician
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	J H Robinson MD
Address,	836 E Pratt St
Remarks,	8950001752

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64005

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 22d March 1895
4. Place of Birth, (Street and Number) 124 S Knox's Court
5. Full Name of Mother, Mary Rainey
6. Mother's Maiden Name, O'Connel
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Rainey
9. Father's Occupation, Laborer
10. Father's Birthplace, Washington D C

Name of Medical Attendant, or other person who makes this Return. Elizabeth Agassell

Address, 436 E Fort Ave

Remarks,

8 4 5 0 0 0 1 7 5 3

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64006

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	second
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 22 1
4. *Place of Birth, (Street and Number)*	1218 Hanover St
5. *Full Name of Mother,*	Annie Maguire Gallen
6. *Mother's Maiden Name,*	Maguire
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	Edward Parkinson Green
9. *Father's Occupation*	Hatter
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other person who makes this Return.	Mrs Bange
Address,	711 N. Eutaw st
Remarks,	1895000 1754

Wm. J. C. Dulany Co., City Printers and Stationers.

(Each contract) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* March 22 95
4. *Place of Birth, (Street and Number)* 133 S. Steph St.
5. *Full Name of Mother,* Jennie Glasser
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Harry G Utley MD

Address, 622 W Lombard St

Remarks, 8950001755

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64018

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23 March 1895
4. Place of Birth, (Street and Number) 521 Post St
5. Full Name of Mother, Celine Hudson
6. Mother's Maiden Name, Celine Mueller
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Chas G Hudson
9. Father's Occupation Boatbuilder
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 304 S Washington St

Remarks, 8950001756

Wm. J. C. Dulany Co., City Printers and Stationers

Births, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 7-5-62

RETURN OF ABIRTH. 64009

To the Office of Registrar of Vital Statistics, Bd of Health, Baltimore City.

Name: Albert a. Barnes

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 23 1895
4. Place of Birth, (Street and Number) 1501 Orleans Street
5. Full Name of Mother, Emma Barnes
6. Mother's Maiden Name, Emma Lowery
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Barnes
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Albert S. Atkinson, Md

Address, 913 Madison Ave

Remarks,

1 8 9 5 0 0 0 1 7 5 7

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64015

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 23d 1895
4. Place of Birth, (Street and Number) 39 Woodbury Ave. West Woodbury
5. Full Name of Mother, Hannah A. Bamber
6. Mother's Maiden Name, Hannah A. Vance
7. Mother's Birthplace, Balt. Co. Md.
8. Full Name of Father, Thomas K. Bamber
9. Father's Occupation, Pattern maker
10. Father's Birthplace, Balt. Co. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. T. Shower, M.D.

Address, 421 Roland Ave. Hampden

Remarks, 8950001758

Wm J. C. Dulany Co., City Printers and Stationers.

over

RETURN OF A BIRTH. 64011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Florence E. Thaule

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	March the 23 1895
4. Place of Birth, (Street and Number)	1122 Mc Henry st
5. Full Name of Mother,	Catherine E. (Thaule) (Thiel) Thaule
6. Mother's Maiden Name,	(Thaule) Rush
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Charles Franklin (Thiel) Thaule
9. Father's Occupation	huckster
10. Father's Birthplace,	Anda rundel Co. Md
Name of Medical Attendant, or other person who makes this Return,	Mrs I Fallen
Address,	1122 Mc Henry
Remarks,	

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

5950001759

RETURN OF A BIRTH. 64012

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Colored Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Mar 23 1895
4. *Place of Birth, (Street and Number)* 923 Gardner St
5. *Full Name of Mother,* Sallie Thornton
6. *Mother's Maiden Name,* Banks
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert Thornton
9. *Father's Occupation* Work in Richmond Market
10. *Father's Birthplace,* Dr Green Spring Balto Co

Name of Medical Attendant, or other person who makes this Return, Lewis Lonicker

Address, 955 Canal Alley

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers

8 9 5 0 0 0 1 7 6 0

Months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64013

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 23/95
4. Place of Birth, (Street and Number) B. H. Maternité 29 N Bond St
5. Full Name of Mother, Mary Catherine Michael
6. Mother's Maiden Name, " " " " "
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Howard Boucher
9. Father's Occupation. Butcher
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return J. H. Ahlendorf M.D.

Address, 518 N. Bond St

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

8950001761

RETURN OF A BIRTH. 64914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 23rd 1895
4. Place of Birth, (Street and Number) 714 Port St
5. Full Name of Mother, Carrie Long.
6. Mother's Maiden Name, Cryer
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, John Long.
9. Father's Occupation, Labourer.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary K. Taylor.

Address, 615 S. Patterson Park Ave.

Remarks,

8 5 0 0 0 1 7 6 2

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64113

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ten Children

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored race
3. Date of Birth, Born March 23rd. 1893
4. Place of Birth, (Street and Number) 1713 Mocklin St. Baltimore Md.
5. Full Name of Mother, Precilla Barrett
6. Mother's Maiden Name, Precilla Rose
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Samuel P. Barrett
9. Father's Occupation Driving Laborer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Georgiana Brooks

Address, 1761 E. Mulliken St.

Remarks, No inflamed eyes.

Wm. J. C. Dulany Co., City Printers and Stationers.

8950001763

Monday and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 9-30-99 ; CERTIFICATE CORRECTED 9-30-99

RETURN OF A BIRTH. 64016

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Robert Carl Eltermann 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23rd of March 95
4. Place of Birth, (Street and Number) 2109 Wilhelm St
5. Full Name of Mother, Bertha Eldermann
6. Mother's Maiden Name, Bertha Rockel
7. Mother's Birthplace, Salem Eldermann
8. Full Name of Father, Hermann Eldermann
9. Father's Occupation Tailor
10. Father's Birthplace, Salem

Name of Medical Attendant, or other person who makes this Return, Friederike Heuler Midwife

Address, 2116 W. Pratt St

Remarks,

The same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

8950001764

RETURN OF A BIRTH. 64017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sunday March 24. 95
4. *Place of Birth, (Street and Number)* Balto. 1314 Greenmount Ave
5. *Full Name of Mother,* Annie P. Larkin
6. *Mother's Maiden Name,* Annie P. Gilchrist
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John J. Larkin
9. *Father's Occupation.* Clerk
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Jno. L. Harris Jones

Address, 509 Hargrove alley Balto Md

Remarks,

Month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 64018

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Mar 24, 1893
4. *Place of Birth, (Street and Number)*	1171 Johnson St
5. *Full Name of Mother,*	Genett Holland
6. *Mother's Maiden Name,*	Genett Harmon
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Wilson Holland
9. *Father's Occupation*	Machinist
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Dr. R. Caskey
Address,	213 E Heath St
Remarks,	Hosp Case

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

8 9 5 0 0 0 1 7 6 6

RETURN OF A BIRTH. 64019

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 24th 1895
4. Place of Birth, (Street and Number) 18 N Washington St
5. Full Name of Mother, Mrs Maggie ~~Cook~~ Single
6. Mother's Maiden Name, Maggie Cook
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry G. Single
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Rev Henry M. Taylor

Address, 1615 E. Baltimore St. City

Remarks,

8450001767

Wm J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64020

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 24
4. *Place of Birth, (Street and Number)* 31 E. Oxford str
5. *Full Name of Mother,* Elizabeth Beuler
6. *Mother's Maiden Name,* " Schmidt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Chas Louis Beuler
9. *Father's Occupation* Coachsmith
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Minch

Address, 800 Leadenhall Street.

Remarks,

1895000176 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64021

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 27/95
4. *Place of Birth, (Street and Number)*	f 2101 Wilkins ave
5. *Full Name of Mother,*	Lewisia Schafer
6. *Mother's Maiden Name,*	Lewisia Uler
7. *Mother's Birthplace,*	M. D
8. *Full Name of Father,*	John Schafer
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. O'Hayer
Address,	924 Hollins st
Remarks,	

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

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RETURN OF A BIRTH. 64022

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sunday March 2 1890
4. *Place of Birth, (Street and Number)*	1770 St Peter St.
5. *Full Name of Mother,*	Agatha O'Leary
6. *Mother's Maiden Name,*	Agatha Taylor
7. *Mother's Birthplace,*	Transferred Pro
8. *Full Name of Father,*	John O'Leary
9. *Father's Occupation*	Brick Layer
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Mary Gallo Carroll
Address,	1109 S. Poppleton St
Remarks,	

8 9 5 0 0 0 1 7 7 0

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 6/1223

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March the 24 1895
4. *Place of Birth, (Street and Number)* Ewing st N 1/2
5. *Full Name of Mother,* Hannah Simons
6. *Mother's Maiden Name,* Hannah Simons
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Samuel F Simons
9. *Father's Occupation* Stone cutter
10. *Father's Birthplace,* Washington D C MD

Name of Medical Attendant, or other person who makes this Return, Mr J Selby

Address, N 1122 Watkins alley

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

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RETURN OF A BIRTH. 64024

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 24th of March
4. *Place of Birth, (Street and Number)* Baltimore No 19 N Exeter
5. *Full Name of Mother,* Mrs Annie Henkel
6. *Mother's Maiden Name,* Annie Mumler
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John W Henkel
9. *Father's Occupation* Box maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Katie Winder

Address, 800 Leadenhall Street

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8950001772

RETURN OF A BIRTH. 64025

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: George Mathias Bayer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 24/95
4. Place of Birth, (Street and Number) 104 S. Wolf Sts.
5. Full Name of Mother, Theresia (Beyer) Bayer
6. Mother's Maiden Name, " Schuck
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. (Beyer) Bayer
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8950001773

RETURN OF A BIRTH. 64056

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	W.
3. *Date of Birth,*	March 24 1895
4. *Place of Birth, (Street and Number)*	1849 N. Gay
5. *Full Name of Mother,*	Louisa Clay
6. *Mother's Maiden Name,*	" Dun
7. *Mother's Birthplace,*	Balto Co
8. *Full Name of Father,*	August Clay
9. *Father's Occupation*	Railroader — Deceased
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Wm. J. Watson
Address,	1519 N. Broadway
Remarks,	

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the same can be ascertained the full name of each child, (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the peison or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 64027

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) This is first child.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. Geboren 27 März 95'
4. Place of Birth, (Street and Number) Luzain str. 1e 809.
5. Full Name of Mother, Mary Kalinoska
6. Mother's Maiden Name, Mädhen Szczypinska
7. Mother's Birthplace. Poland.
8. Full Name of Father, Franz Szczypinski
9. Father's Occupation. Russland
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Agnes Hadolna

Address, Thames St. 1e 1035.

Remarks, Legt.

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Wm. J. C. Dulany Co., City Printers and Stationers.

The full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 64028

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Girl

1. *Sex (state whether male or female),* Final
2. *Race or Color (if not of the white race),* With
3. *Date of Birth,* March 24\95
4. *Place of Birth (Street and Number),* 202 S. High St
5. *Full Name of Mother,* Ethel Levy
6. *Mother's Maiden Name,* Rachel Zeiger
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Max Levy
9. *Father's Occupation,* Machent
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

ferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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1895000177

RETURN OF A BIRTH. 64029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* ——
3. *Date of Birth,* March 24 '95
4. *Place of Birth, (Street and Number)* 2314 No. Edgewood St
5. *Full Name of Mother,* Emma Miller
6. *Mother's Maiden Name,* " Hoober
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Miller
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Caroline E Mellyn

Address, 1605 Madison St

Remarks, ——

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 6/24/30

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 24 '95
4. *Place of Birth, (Street and Number)* 641 Cider Alley
5. *Full Name of Mother,* Maggie Croxton
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Harry G Utley M D

Address, 672 W Lombard St

Remarks,

1 8 9 5 0 0 0 1 7 7 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* ~~(March 25th 1893. 1224 East Ave Canton~~
4. *Place of Birth, (Street and Number)* East Ave Canton
5. *Full Name of Mother,* Minerva Robert
6. *Mother's Maiden Name,* Minerva Henderson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harry G Roberts
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Geo. H. Wagner

Address, 1639 W. Lafayette Ave

Remarks,

8250001779

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 25/95
4. Place of Birth, (Street and Number) 570 Kau St
5. Full Name of Mother, Elisabeth Stolle
6. Mother's Maiden Name, Elisabeth Cornstein
7. Mother's Birthplace, ~~Penn~~ York
8. Full Name of Father, Jacob Stolle
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary E. Pouzey

Address, 1903 Gough St

Remarks,

B 7 5 0 0 0 1 7 8 0

Wm J C Dulany Co., City Printers and Stationers.

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64133

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 25
4. *Place of Birth, (Street and Number)* 750 McHenry St
5. *Full Name of Mother,* Maggie Davis
6. *Mother's Maiden Name,* A Webster
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Davis
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs McMonagan

Address,

Remarks,

8950001781

Wm. J. C. Dulany Co., City Printers and Stationers.

mouth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64124

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 25 - 1895
4. Place of Birth, (Street and Number) 2007 E Lombard St
5. Full Name of Mother, Katie D. Miller
6. Mother's Maiden Name, " " Myers
7. Mother's Birthplace, Balto
8. Full Name of Father, John Miller
9. Father's Occupation, Cigarmaker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 1438 N. Bond St

Remarks,

1 8 9 5 0 0 0 1 7 8 2

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Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64035

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female).* Girl
2. *Race or Color, (if not of the white race).* White
3. *Date of Birth,* March 25/95
4. *Place of Birth, (Street and Number)* 12 N. Bethel Str.
5. *Full Name of Mother,* Mary Doyle
6. *Mother's Maiden Name,* " Riegel
7. *Mother's Birthplace.* Balto.
8. *Full Name of Father,* John Doyle
9. *Father's Occupation* Laberer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough Str.

Remarks,

1895 000 1783

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

64136

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 20: 1895
4. Place of Birth (Street and Number) 1604 N. Dallas St.
5. Full Name of Mother Emma Lyttar Nickel
6. Mother's Maiden Name "
7. Mother's Birthplace Baltimore
8. Full Name of Father Julius Nickel
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. D. Lebtart

Address 1214 Linden Ave.

Remarks

8950001784

RETURN OF A BIRTH. 64137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 4th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* The 25th of March 1895
4. *Place of Birth, (Street and Number)* No 1729 Carlisle Ave
5. *Full Name of Mother,* Mary Harris
6. *Mother's Maiden Name,* Mary Lee
7. *Mother's Birthplace,* Hagerstown Washington Co. Md
8. *Full Name of Father,* Dwight Harris
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Chas Lauer

Address, 1059 Harford Ave

Remarks, Bal. Md.

1895

0 9 5 0 0 0 1 7 8 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 64028

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)

1. *Sex, (~~State whether male or~~ female)*
2. *Race or color, (~~if not of the~~ white race)*
3. *Date of Birth,* Mar 25/95
4. *Place of Birth, (Street and Number)* 1711 E. Bond.
5. *Full Name of Mother,* Grace M Kornmann
6. *Mother's Maiden Name,* Ashwood.
7. *Mother's Birthplace,* Frederick Md.
8. *Full Name of Father,* Rudolph Kornmann
9. *Father's Occupation,* Letter Carrier
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return G. Stanley Mc.

Address, 1502 N Bond St.

Remarks,

8950001786

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 64139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3th Child.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	25th March 1915.
4. *Place of Birth, (Street and Number)*	Barroaugh St
5. *Full Name of Mother,*	Frieda Tobabrocapski 1510.
6. *Mother's Maiden Name,*	" Bremer.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Wilhelm Tobabrocapski.
9. *Father's Occupation*	Leber.
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Lizzie Schneppler
Address,	6 Hart St 16 1703.
Remarks,	

1845000017897

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 male

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colord
3. Date of Birth, March 25
4. Place of Birth, (Street and Number) Baltimore Boheima court 2005
5. Full Name of Mother, Sarah Jane Smith
6. Mother's Maiden Name, Sarah Jane Miles
7. Mother's Birthplace, St. Marys county
8. Full Name of Father, ~~Labor~~ edgar smith
9. Father's Occupation, Labor
10. Father's Birthplace, St Marys county

Name of Medical Attendant, or other person who makes this Return, Susie Hooper

Address, 123 N. Durham street

Remarks,

8750001788

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64641

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female).* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* March 25, 1895
4. *Place of Birth, (Street and Number)* 410 N. Hoffman St
5. *Full Name of Mother,* Lucy Emmaline Diggs
6. *Mother's Maiden Name,* " " "
7. *Mother's Birthplace,* Petersburg, Va
8. *Full Name of Father,* James Carrie
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Richmond, Va

Name of Medical Attendant, or other person who makes this Return, Louise Eaton M.D. Resident

Address, Maternite & Ind. Samaritan Hospital

Remarks, 410 N. Hoffman St

1895 0001789

Wm. J. C. Dulany Co., City Printers and Stationers.

Births, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64042

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March the 25 - 1895
4. *Place of Birth, (Street and Number)*	Bonaz it [illegible] 1825
5. *Full Name of Mother,*	Anny Borell
6. *Mother's Maiden Name,*	Anny Sherman
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Richard Barell
9. *Father's Occupation*	Barber
10. *Father's Birthplace,*	Richmond Va
Name of Medical Attendant, or other person who makes this Return,	Mrs S Kelly
Address,	No 1912 Milliman Ave
Remarks,	

1895000001790

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 6404.3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 25th March 1895
4. *Place of Birth, (Street and Number)* 20 N. Bamburg St
5. *Full Name of Mother,* Martha Elliott
6. *Mother's Maiden Name,* Lynch
7. *Mother's Birthplace,* Falls Road
8. *Full Name of Father,* William Elliott
9. *Father's Occupation* Laborer
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Elizabeth Jewell

Address, 436 E Fort ave

Remarks,

been conferred) its sex, color, ... and name and occu... said schedule shall be delivered, duly signed by the practi...ner ... of a certificate ... of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

(if any shall have

Wm. J. C. Dulany Co., City Printers and Stationers.

1895 0001791

RETURN OF A BIRTH. 64044

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1. 12
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	25th of March 94.
4. *Place of Birth, (Street and Number)*	1000 Federal St.
5. *Full Name of Mother,*	Marie Hubbe
6. *Mother's Maiden Name,*	Do Do
7. *Mother's Birthplace,*	Wales
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	Do Do
10. *Father's Birthplace,*	Do Do
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	2116 W. Pratt St.
Remarks,	

upon the mother, immediately thereafter it shall become the duty of the person or parents child to report its birth to the Commissioner of Health, in the manner and within the period above require... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

W. a. J. C. Dulany Co,. City Printers and Stationers.

18 50001792

1895 64045

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 26 1895.
4. Place of Birth, (Street and Number) 814 Canton St
5. Full Name of Mother, Mary Kirkwood.
6. Mother's Maiden Name, Mary Rogers.
7. Mother's Birthplace, Balto
8. Full Name of Father, George Kirkwood.
9. Father's Occupation Copper Smelter.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mary A Swayne

Address, 824 Canton St.

Remarks,

8950001793

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

(over)

64146

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edgar C.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th Child

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 26th

4. Place of Birth, (Street and Number) 23 Ramsay Alley

5. Full Name of Mother, Carrie Abert

6. Mother's Maiden Name, Carrie Alt

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Abert

9. Father's Occupation Painter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Miss Bauge

Address, 711 W. Cross st

Remarks,

8950001794

Wm. J. C. Dulany Co., City Printers and Stationers.

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64047

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 26 March 1895
4. *Place of Birth, (Street and Number)* 130 ½ Vincent Street
5. *Full Name of Mother,* Mrs Susan thomas
6. *Mother's Maiden Name,* Susan Johnson
7. *Mother's Birthplace,* baltimore Md
8. *Full Name of Father,* Marshall thommas
9. *Father's Occupation* porter in store
10. *Father's Birthplace,* baltimore Md

Name of Medical Attendant, or other person who makes this Return, Maria Jones

Address, 1337 wheatcat sts

Remarks, 8950001795

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64048

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	26th of March 97
4. *Place of Birth, (Street and Number)*	1930 W Pratt St
5. *Full Name of Mother,*	Sarah Banner
6. *Mother's Maiden Name,*	Sarah Kentzler
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Georg F. Banner
9. *Father's Occupation*	Janitor
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Heuler Midwife
Address,	2116 W. Pratt St.
Remarks,	

8 9 5 0 0 0 1 7 9 6

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 64145

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, June 20 1895

4. Place of Birth, (Street and Number) 330 North Fremont St

5. Full Name of Mother, Mrs C Carbonaro

6. Mother's Maiden Name, Schuessler

7. Mother's Birthplace, Balt City Md

8. Full Name of Father, Jno P Carbonaro

9. Father's Occupation Lecturer

10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, C E Christian M D

Address, 101 Madison Ave

Remarks,

8950001797

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Emma ~~Gertrude~~ Dittmar

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 21st of March (94) 1895

4. Place of Birth, (Street and Number) 16 Weavers Lane

5. Full Name of Mother, Lisette Louise (Eidtman) Dittmar

6. Mother's Maiden Name, Lisette (Louise) Bain

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Paul Carl (Eidtman) Dittmar

9. Father's Occupation Butcher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Heuler Midwife

Address, 2116 W. Pratt St.

Remarks,

8 9 5 0 0 0 1 7 9 8

Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	VIII
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 26/95
4. *Place of Birth, (Street and Number)*	218 S. Wolf St.
5. *Full Name of Mother,*	Elisa Backhaus
6. *Mother's Maiden Name,*	" Punte
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Bernhardt Backhaus
9. *Father's Occupation,*	Stevedore
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Deisenhofer
Address,	2225 Gough St.
Remarks,	

8950001799

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64052

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* 26. March.
4. *Place of Birth, (Street and Number)* 1- 2408. Fairmount St.
5. *Full Name of Mother,* Mary Prosser.
6. *Mother's Maiden Name,* Mary Hegmann.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Paul Prosser.
9. *Father's Occupation* Machinist.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Mary Ehlers.

Address, 1933. Fairmount St.

Remarks,

8 9 5 0 0 0 1 8 0 0

Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 26th 1895
4. *Place of Birth, (Street and Number)* 717 Bradley St.
5. *Full Name of Mother,* Cruellia Brisbe
6. *Mother's Maiden Name,* " Semsley
7. *Mother's Birthplace,* Charleston Co Va.
8. *Full Name of Father,* John Briscoe
9. *Father's Occupation,* Janitor
10. *Father's Birthplace,* Charles Co Va.

Name of Medical Attendant, or other person who makes this Return. Mrs F Myers

Address, No 722 Bradley St / City

Remarks,

1 8 9 5 U 0 0 1 8 0 1

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64054

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 birth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 26. 1895
4. *Place of Birth, (Street and Number)* Co. 4 Bruce St
5. *Full Name of Mother,* Victoria Johnson. age 22
6. *Mother's Maiden Name,* Victoria Johnson.
7. *Mother's Birthplace,* Anne Arundel Co. Md.
8. *Full Name of Father,* James C. Johnson. age 27
9. *Father's Occupation,* Common Labor.
10. *Father's Birthplace,* Prince Georges Co. Md.

Name of Medical Attendant, or other person who makes this Return, Edwin. Reid.

Address, 417 Forrest alley

Remarks,

8 9 5 U 0 0 1 8 0 2

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64955

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Sylvia Mary ~~Vollmer~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 26th 95
4. Place of Birth, (Street and Number)	1413 Riverside Ave
5. Full Name of Mother,	Johanna Vollmer
6. Mother's Maiden Name,	n Riere
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Rudolph Vollmer
9. Father's Occupation	Farmer
10. Father's Birthplace,	Philadelphia
Name of Medical Attendant, or other person who makes this Return,	Thomas Opie M.D.
Address,	219 N Monument St
Remarks,	

8950001803

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 64056

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 26
4. *Place of Birth, (Street and Number)* 824 Lafayette Court
5. *Full Name of Mother,* Anna Milby
6. *Mother's Maiden Name,* Bohlander
7. *Mother's Birthplace,* Wilkes Co. Georgia
8. *Full Name of Father,* Otto Milby
9. *Father's Occupation* Mechanic
10. *Father's Birthplace,* Wilkes Co. Ga

Name of Medical Attendant, or other person who makes this Return, Mary J Pleasants

Address, 2247 Lanvale St

Remarks,

8950001804

Wm. J. C. Dulany Co., City Printers and Stationers.

Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 26 — 1895
4. Place of Birth, (Street and Number) 517 E. Baltimore St.
5. Full Name of Mother, Maria Herodek
6. Mother's Maiden Name, Schmidt
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Frank Herodek
9. Father's Occupation Silver-Smith
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 427 E. Pratt St.

Remarks,

8950001805

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 64058

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 27/15
4. *Place of Birth, (Street and Number)*	771 W. Cross St
5. *Full Name of Mother,*	Mrs Mary Margaret Brooks
6. *Mother's Maiden Name,*	Mary M. Hainke
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wm. Henry Brooks
9. *Father's Occupation*	Driver
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mary Barge
Address,	771 Cross St
Remarks,	

8950001806

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64059

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 24 1895
4. Place of Birth, (Street and Number) 801 Lee St
5. Full Name of Mother, Jennie Herman
6. Mother's Maiden Name, Jennie Lee Hall
7. Mother's Birthplace, Gilberg.
8. Full Name of Father, Edward Herman.
9. Father's Occupation Carpenter.
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary L Traynor

Address, 824 Carlton St.

Remarks,

1 8 9 5 0 0 0 1 8 0 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

tion 19, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64160

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	28th of March 94
4. *Place of Birth, (Street and Number)*	313 Forrest St.
5. *Full Name of Mother,*	Mage Bückel
6. *Mother's Maiden Name,*	Mage Spindler
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Wilhelm Bückel
9. *Father's Occupation*	Laber
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Heules Midwife
Address,	2116 W. Pratt St.
Remarks,	

8 9 5 0 0 0 1 8 0 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 64161

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, March 28. 1895
4. Place of Birth, (Street and Number) 1214 Hollyn Street
5. Full Name of Mother, Mrs Priscilla Selby Doughty
6. Mother's Maiden Name, Miss Priscilla Selby Brockett
7. Mother's Birthplace, Worcester Co Maryland
8. Full Name of Father, Henry Clinton Doughty
9. Father's Occupation, Lumber Salesman
10. Father's Birthplace, Northampton County Virginia

Name of Medical Attendant, or other person who makes this Return Alex A Hoyne M D

Address, 235 Lafayette Avenue

Remarks, Phone 8475 Cloud 8092 March 28 1895

12 Henry Ames Doughty

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

MONTH, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64062

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27 day March
4. Place of Birth, (Street and Number) 125 W. West St
5. Full Name of Mother, Anney Leibold
6. Mother's Maiden Name, Annie Krogmann
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Paul Leibold
9. Father's Occupation Slovn Reefer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Lutie Winch

Address, 800 Leadenhall Street.

Remarks,

8950001810

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The Act requires as near as the same can be ascertained the full name of each child, (if any shall have been inferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 641163

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female).* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 27. 1895
4. *Place of Birth, (Street and Number)* Maternité 410 N. Hoffman St
5. *Full Name of Mother,* Carrie Lucille
6. *Mother's Maiden Name,* Carrie Lucille
7. *Mother's Birthplace,* Sweet Air, Baltimore Co.
8. *Full Name of Father,* Eli Moore
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* North Carolina

Name of Medical Attendant, or other person who makes this Return, Louise Eaton, M.D. Resident Physician

Address, Maternité Good Samaritan Hospital
410 N. Hoffman St.

Remarks,

8 9 5 0 0 0 1 8 1 1

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 27/95
4. Place of Birth, (Street and Number) 910 S Wolfe St
5. Full Name of Mother, Catherine James
6. Mother's Maiden Name, Catherine Moore
7. Mother's Birthplace, Balto
8. Full Name of Father, Frederick James
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary E Pengoy

Address, 1903 Sough St

Remarks,

8950001812

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64165

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 28
4. *Place of Birth, (Street and Number)*	796 W Cross St
5. *Full Name of Mother,*	Laura Calligan
6. *Mother's Maiden Name,*	Laura Dinemore
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Thomas F Calligan
9. *Father's Occupation*	Engineer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Hellgond Slifer
Address,	64 So Fagan St
Remarks,	

8750001813

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 27
4. *Place of Birth, (Street and Number)*	116 Gist Alley
5. *Full Name of Mother,*	Laura Waidel Lupus
6. *Mother's Maiden Name,*	Laura Waidel
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Lupus
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	
Address,	
Remarks,	Assigned Slafer

8945 U 0 0 1 8 1 41

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 64167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27 March 95
4. *Place of Birth, (Street and Number)* 923 Chapple St North
5. *Full Name of Mother,* Francis ~~Kilcan~~ Schletar
6. *Mother's Maiden Name,* Francis Kilcan
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Thomas Schletar
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Josephian Conrad

Address, 1621 Barnes St Baltimore Md

Remarks,

8 4 5 0 0 0 1 8 1 5

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 64168

GIVEN NAME ADDED. 6/28/60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Louis B. Bierman ~~Bierman~~ — 1st.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 17 95
4. *Place of Birth, (Street and Number)* 300 No. Edmondson Ave.
5. *Full Name of Mother,* Sarah Bierman
6. *Mother's Maiden Name,* Rushefsky
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Joseph Bierman
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, J. A. Robinson M.D.

Address, 136 E. Preston St.

Remarks,

8950001816

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 6411 6c

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 d.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 27. (12, 30. P. M.)
4. *Place of Birth, (Street and Number)* 1611 Olivertreet South Balto.
5. *Full Name of Mother,* ~~Fintrike~~, Amalie Krebs.
6. *Mother's Maiden Name,* Stasel.
7. *Mother's Birthplace,* Killieken by Hajdekrug - Ostpreußen
8. *Full Name of Father,* ~~Fintrich~~, Wilhelm Krebs. Germany.
9. *Father's Occupation* Farmworker.
10. *Father's Birthplace,* Ramonischken - Curland - Rußland.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kaune, for the

Address, Mother Relief Society - 901. Milton Ave.

Remarks,

B 4 5 0 0 0 1 8 1 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child Richard Anton Faber

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 27 March, 1425 Andrew st.
4. Place of Birth, (Street and Number)
5. Full Name of Mother, Emilie Barber Faber
6. Mother's Maiden Name, " Lemmer
7. Mother's Birthplace, Germany
8. Full Name of Father, Otto Barber Faber
9. Father's Occupation Labour
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Geo. H. Mayer.

Address, 1351 Hace st. Locust Point.

Remarks, Cath. Mehren

8950001818

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 6411 71

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 27, 1895
4. Place of Birth, (Street and Number) # 616 Bethel St Court
5. Full Name of Mother, Josephine Craig Tailor
6. Mother's Maiden Name, " " Craig
7. Mother's Birthplace, Hagerstown Md
8. Full Name of Father, George Tailor
9. Father's Occupation, Labor
10. Father's Birthplace, St. Mary's County

Name of Medical Attendant, or other person who makes this Return, Susan Cooper

Address, # 123. N. Durham St

Remarks, 8 9 5 0 0 0 1 8 1 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (~~state whether male or~~ female).

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, March 28, 1895

4. Place of Birth, (Street and Number) Maternite 410 N. Hoffman St

5. Full Name of Mother, Mary Virginia Jones

6. Mother's Maiden Name, " " "

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, John Swan

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Louise Eaton, M.D. Resident Physician

Address, Maternite Good Samaritan Hospital

Remarks, 410 N. Hoffman St

1 8 9 5 0 0 0 1 8 2 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64073

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (~~state whether~~ male ~~or female~~)*
2. *Race ~~or Color, (if not of~~ the white race)*
3. *Date of Birth,* March 28th 1895.
4. *Place of Birth, (Street and Number)* 1316 E Fayette st
5. *Full Name of Mother,* Mary Getz
6. *Mother's Maiden Name,* Schwab,
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* John Getz
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, J Ridgway André M D

Address, 1129 E Baltimore St

Remarks, 8 9 5 U 0 0 1 8 2 1

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 8-31-32

RETURN OF A BIRTH. 6a1074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Elizabeth Pabst

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 28/95
4. Place of Birth, (Street and Number) 935 Chesapeake St
5. Full Name of Mother, Agnes Pabst
6. Mother's Maiden Name, Agnes Canby
7. Mother's Birthplace, Canada
8. Full Name of Father, Richard Pabst
9. Father's Occupation, Can Maker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary E. Finegan

Address, 1903 Gough St

Remarks,

8950001822

Month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64075

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 28/95
4. *Place of Birth, (Street and Number)* 1813 Jefferson St
5. *Full Name of Mother,* Cazlyie Knight
6. *Mother's Maiden Name,* Caroline Leslie.
7. *Mother's Birthplace,* Balto md
8. *Full Name of Father,* Wm. C. Knight
9. *Father's Occupation* Barkeeper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, H. Jackson M.D

Address 1 Jon. S. Broadway

Remarks, Born 8 A.M. 1895 Dec. 1.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 28 - 1895
4. Place of Birth, (Street and Number) 1410 Block St.
5. Full Name of Mother, Annie Knight
6. Mother's Maiden Name, Nicolaus
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm D. Knight
9. Father's Occupation Produce Dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8 9 5 0 0 0 1 8 2 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* March 2nd 1895

4. *Place of Birth, (Street and Number)* 105 S. Edmondson St

5. *Full Name of Mother,* Mary E. White

6. *Mother's Maiden Name,* " " Brown

7. *Mother's Birthplace,* Baltimore City Md

8. *Full Name of Father,* Joseph W. White

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Baltimore City Md

Name of Medical Attendant, or other person who makes this Return, Isaac Jones

Address, 23 N Carrollton Ave.

Remarks, 8950001825

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th - 1st Female

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 28th 1895
4. Place of Birth, (Street and Number) No 2824 O'Donnell Balto
5. Full Name of Mother, Mary Milline Mathaney
6. Mother's Maiden Name, Mary Milline Kubach
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Daniel W. Mathaney
9. Father's Occupation, Mariner
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Anne D. Kubach

Address, No 2838 Elliott Balto Md

Remarks,

8 9 5 0 0 0 1 8 2 6

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 64179

BIRTH NAME ADDED 3/14/67

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: HELEN CAMPbell ... LARKIN

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 28 1895
4. Place of Birth, (Street and Number) 1128 Druid Hill Ave.
5. Full Name of Mother. Emma Randall Larkin
6. Mother's Maiden Name, Ellis
7. Mother's Birthplace, New York
8. Full Name of Father. Wm. Holmes Larkin
9. Father's Occupation, Clerk
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return Flora A. Brewster, M.D.

Address, 1221 Mcde Ave.

Remarks,

8950001827

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

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RETURN OF A BIRTH. 6408

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 28. 1895
4. *Place of Birth, (Street and Number)* 434 S. Patterson Park Ave
5. *Full Name of Mother,* Mary A. Isaacs
6. *Mother's Maiden Name,* " " Champagne
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank R. Isaacs.
9. *Father's Occupation* ~~Ellicott City~~ Local Preacher.
10. *Father's Birthplace,* Ellicott City Md.

Name of Medical Attendant, or other person who makes this Return, Cora Belle Brewster M.D.

Address, 1027 Madison Ave

Remarks,

1895 00 0 1828

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH, 64081

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 28 March 1895
4. *Place of Birth, (Street and Number)* 307 E. West st Baltimore
5. *Full Name of Mother* Hattie Virginia Roper
6. *Mother's Maiden Name* " " " " Keene
7. *Mother's Birthplace* Worchester Co. Maryland
8. *Full Name of Father* William Marcellus Roper
9. *Father's Occupation* Mariner
10. *Father's Birthplace* Chesterfield Co Virginia

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks Mrs Conway

8950001829

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 64082

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, March 28 1895

4. Place of Birth, (Street and Number) 861 Watts St Watts Alley

5. Full Name of Mother, Kate Nelson

6. Mother's Maiden Name, Kate Roberts

7. Mother's Birthplace, Unionville Md

8. Full Name of Father, Louis F Nelson

9. Father's Occupation Porter

10. Father's Birthplace, Smithfield Virginia

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Simpson

Address, 871 Watts St

Remarks,

1895000 1830

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 6401 83 ✓

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 28, 1895
4. Place of Birth, (Street and Number) 1430 Argyle Ave.
5. Full Name of Mother, Willie A. ~~Dr~~ Denny
6. Mother's Maiden Name, " Newburn
7. Mother's Birthplace, Md.
8. Full Name of Father, Wm A. Denny
9. Father's Occupation R. R. Employee
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, G Lane Taneyhill

Address, 1103 Madison Ave.

Remarks, Chloroform & Instruments

1 8 9 5 0 0 0 1 8 3 1

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...shall not exist as to as to the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 25 1895
4. *Place of Birth, (Street and Number)* Baltimore 115 E
5. *Full Name of Mother,* Lenora Simmant
6. *Mother's Maiden Name,* Lenora Becker
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Robert Simmant
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N Bayshelton St

Remarks, 8950001832

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64/1085

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IIII

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 28/95
4. *Place of Birth, (Street and Number)* 1725 Bank Str.
5. *Full Name of Mother,* Karolina M. Leinbach
6. *Mother's Maiden Name,* " " Fiebes
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John P. Leinbach
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Leinbacher

Address, 2225 Gough Str

Remarks,

8950001833

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64086

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No. 5

1. *Sex, (~~state whether male or~~ female)*
2. *Race ~~or Color, if not of~~ the white race)*
3. *Date of Birth,* March 28th 1895
4. *Place of Birth, (Street and Number)* 650 N Baltimore street
5. *Full Name of Mother,* Bertha Waddy
6. *Mother's Maiden Name,* Parmer
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Unknown
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, Jo. Ridgway André M.D.

Address, 1123 E Balto St

Remarks, 8 7 5 0 0 0 1 8 3 4

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* March 28, 1895.
4. *Place of Birth, (Street and Number)* 832 Second ave.
5. *Full Name of Mother,* Lillian Coles.
6. *Mother's Maiden Name,* Johnson.
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* Harry Coles.
9. *Father's Occupation* Stone Cutter.
10. *Father's Birthplace,* England.

Name of Medical Attendant, or other person who makes this Return Edwin H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, 8 7 5 0 0 0 1 8 3 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 29 1895
4. Place of Birth, (Street and Number) 214 N Chester St
5. Full Name of Mother, Maggie L Lambert
6. Mother's Maiden Name, " " Bruce
7. Mother's Birthplace, Balto
8. Full Name of Father, James H. Lambert
9. Father's Occupation, Painter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 1438 N. Bond St

Remarks,

8950001836

Wm J C. Dulany Co., City Printers and Stationers.

Ans

RETURN OF A BIRTH. 64089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Mary Eleanor Crocken

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 29 1895
4. Place of Birth, (Street and Number) 109 S. Carlton St
5. Full Name of Mother, Delia Crocken
6. Mother's Maiden Name, Delia Fitzgerald
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Daniel Crocken
9. Father's Occupation Fish Dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 d Appleton St

Remarks,

1895000 1837

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64090

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 29/95
4. Place of Birth, (Street and Number) 1114 Stripper St.
5. Full Name of Mother, Annie Jenkins
6. Mother's Maiden Name, " Boswell
7. Mother's Birthplace, Balto.
8. Full Name of Father, William M. Jenkins
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

1 8 9 5 U 0 0 1 8 3 8

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64091

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 29th 1895
4. *Place of Birth, (Street and Number)* 1020 Hanover st
5. *Full Name of Mother,* Mrs Lena Nickel
6. *Mother's Maiden Name,* Prisinger
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Ralph Nickels
9. *Father's Occupation* House Painter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Fatie Minnick

Address, 802 Leadenhall Street

Remarks,

1 8 9 5 0 0 0 1 8 3 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 64192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 27th 1893
4. *Place of Birth, (Street and Number)* 1615 Randall St
5. *Full Name of Mother,* Ella Henderson
6. *Mother's Maiden Name,* Ella Lankford
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Henderson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Fleming

Address, 1218 Byrd St

Remarks, 1 8950001840

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-3-57

RETURN OF A BIRTH. 64093

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Samuel Loomis Mohler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 29, 1895
4. Place of Birth, (Street and Number) 2446 Druid Hill Ave.
5. Full Name of Mother, Sarah Mohler
6. Mother's Maiden Name, Loomis
7. Mother's Birthplace, Connecticut
8. Full Name of Father, John F. Mohler
9. Father's Occupation Teacher
10. Father's Birthplace, Penna.

Name of Medical Attendant, or other person who makes this Return, G. Lane Taneyhill

Address, 1103 Madison Ave.

Remarks,

8950001841

Wm. J. C. Dulany Co., City Printers and Stationers

Penalty for wilful false statement of the name that shall be ascribed to the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64094

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, March 29, 1895.
4. Place of Birth, (Street and Number) 237 Dolphin St.
5. Full Name of Mother, Lucie Catherine McClelland.
6. Mother's Maiden Name, Workman.
7. Mother's Birthplace, Va.
8. Full Name of Father, Clifton Towson McClelland.
9. Father's Occupation Electrician.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. Mitchell M.D.

Address, 291 Chestnut ave

Remarks, 1895 0001842

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64095

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6. th

1. *Sex, (state whether male or female),* 2. Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March. 29. 1895.

4. *Place of Birth, (Street and Number)* No 1325 Andrew St

5. *Full Name of Mother,* Laura Hentline

6. *Mother's Maiden Name,* Laura Ruff.

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* John Hentline

9. *Father's Occupation,* Labor

10. *Father's Birthplace,* Balt County

Name of Medical Attendant, or other person who makes this Return.

Address, Mrs. Ette

Remarks, No 1619 Cuba St

8 9 5 0 0 0 1 8 4 3

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 29 1895
4. Place of Birth, (Street and Number) 204 Maryland at
5. Full Name of Mother, Katie Kastle
6. Mother's Maiden Name, Kasal
7. Mother's Birthplace, Bohaimey
8. Full Name of Father, Frank Kasal
9. Father's Occupation Tailor
10. Father's Birthplace, Bohaimen

Name of Medical Attendant, or other person who makes this Return Mary Kopetz

Address, 1 W Washington St 205

Remarks, 1 8 9 5 U 0 0 1 8 4 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 29. 1895
4. Place of Birth, (Street and Number) 1338 Division St
5. Full Name of Mother, Eliza Wright
6. Mother's Maiden Name, Eliza Hickman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Wright
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. H. C. Brown M.D.

Address, 1218 Madison ave

Remarks,

1 8 9 5 0 0 0 1 8 4 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64098

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 30-95
4. *Place of Birth, (Street and Number)* 946 N. Vachuse Ave St
5. *Full Name of Mother,* Sadie Layfield
6. *Mother's Maiden Name,* " Lloyd
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* H. A. Layfield
9. *Father's Occupation* Contractor
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, P. A Tarelli M.D.

Address, 1243 N. Broadway

Remarks, Balto Md

8 9 5 0 0 0 1 8 4 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Fem.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 30th March 1895.
4. Place of Birth, (Street and Number) Light st. 1542
5. Full Name of Mother, Lora Winland
6. Mother's Maiden Name, June.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Julius Healand
9. Father's Occupation Store.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Miss Carrie Schmidt

Address, 434 E Fat-ave.

Remarks,

8 9 5 U 0 0 1 8 4 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 64 1011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, March 30. (8.30. P. M.)
4. Place of Birth, (Street and Number) 7. S. Leathin Ave;
5. Full Name of Mother, Mary Ellen Klitzner,
6. Mother's Maiden Name, Fanning.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Rudolf Klitzner,
9. Father's Occupation, Machinist.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Wm. M. Kaul for the

Address, Mothers Relief Society, 961 Wilson Place.

Remarks.

8450001848

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44101

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 30, 1895
4. Place of Birth, (Street and Number) 1032 Cooley St.
5. Full Name of Mother, Annie Shanefelder.
6. Mother's Maiden Name, Annie Walbe.
7. Mother's Birthplace, Balto
8. Full Name of Father, John Shanefelder
9. Father's Occupation Light-house Keeper.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L Mayer

Address, 824 Canton St

Remarks,

1895U0001849

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 64102

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 30th 1895
4. Place of Birth, (Street and Number) 2813 Elliott Baltimore Md
5. Full Name of Mother, Mary Ellen Malone
6. Mother's Maiden Name, Mary Ellen Kelly
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Francis Malone
9. Father's Occupation, Stevedore
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Anne L. Kubach

Address, 2838 Elliott Balto md

Remarks,

1895000 1850

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 7-13-57

RETURN OF A BIRTH. 64103

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Samuel Frederick ~~——~~ Franks

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 30. (11:45 P. M.) 1895
4. *Place of Birth, (Street and Number)* 16. W. Barney St.
5. *Full Name of Mother,* Ida Frauer
6. *Mother's Maiden Name,* Barnes.
7. *Mother's Birthplace* Fremont City - Ohio.
8. *Full Name of Father,* William Henry Frauer.
9. *Father's Occupation* Fire Men.
10. *Father's Birthplace,* Barkley Hill W. Va.

Name of Medical Attendant, or other person who makes this Return, Wm. M. Kraus, ~~for the~~

Address, 961. Milton Place

Remarks.

8 9 5 0 0 0 1 8 5 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64104

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March. 30. 1895
4. *Place of Birth, (Street and Number)* 1706 William
5. *Full Name of Mother,* Mrs. Hattie Boss
6. *Mother's Maiden Name,* Baer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Boss
9. *Father's Occupation* Wood worker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, John H. Grosheus

Address, 1223 S. Charles St.

Remarks,

1 8 9 5 0 0 0 1 8 5 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

c

RETURN OF A BIRTH. 64105

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) This is second child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Borne 30 of March
4. *Place of Birth, (Street and Number)* Thames Street No. 1514
5. *Full Name of Mother,* Annie Poranska
6. *Mother's Maiden Name,* Boy Sfakoski
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* John Makoski
9. *Father's Occupation* Dauchland
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Agnes Stodolna

Address, Thames Street No 1425.

Remarks, Living

1895000185 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64106

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 30. 1895
4. *Place of Birth, (Street and Number)* St Vincents Infant Asylum
5. *Full Name of Mother,* Mary Michaels
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* not known
9. *Father's Occupation* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return, R. Le Roy Nash M. D.

Address, 600 N. Eutaw

Remarks,

8 9 5 0 0 0 1 8 5 4

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 III

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* March 29 95
4. *Place of Birth, (Street and Number)* The Lying in Hospital 627 N Lombard St
5. *Full Name of Mother,* Martha Green
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Harry G Utley
Resident Physician

Address,

Remarks,

1 8 9 5 U 0 0 1 8 5 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

2-11-60

RETURN OF A BIRTH. 64108

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Henry Bernhardt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 31st March 1895
4. Place of Birth, (Street and Number) 2044 Fountain Ave
5. Full Name of Mother, Rebecka Bonhardt
6. Mother's Maiden Name, Lauth
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Bonhardt
9. Father's Occupation Merchant
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Weiss.

Address, 2122 Canton Ave.

Remarks, Filed April 10. 1895

8 9 5 0 0 0 1 8 5 6

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 64109 c

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 21. (9 30 A. M.).
4. *Place of Birth, (Street and Number)* 1533 Aliceanna St. South B.
5. *Full Name of Mother,* Marie Anna Sparks,
6. *Mother's Maiden Name,* Pinder.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Charles Wesley Sparks.
9. *Father's Occupation* Bricklayer.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. B. Kraus for the

Address, Mothers Relief Society, 961 Milton Ave.

Remarks,

8 9 5 0 0 0 1 8 5 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64110

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* march the 31-18-94
4. *Place of Birth, (Street and Number)* Wilkins Ave No 21-17
5. *Full Name of Mother,* nellie thom
6. *Mother's Maiden Name,* nellie wetherstine
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* william J Thom
9. *Father's Occupation* baggage master
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mr J Kelley

Address, 19-22 Wilkins Ave

Remarks,

8 9 5 0 0 0 1 8 5 8

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 64111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 31/95
4. *Place of Birth, (Street and Number)* 1625 E. Madison Ste.
5. *Full Name of Mother,* Emma Miller
6. *Mother's Maiden Name,* " Wiemy
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Chas. G. Miller
9. *Father's Occupation* Cutter
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer

Address, 2225 Gough Ste.

Remarks,

8950007859

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64112

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d~~ 3d, &c.)

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 31 1860
4. *Place of Birth, (Street and Number)* 948 S Eutaw st.
5. *Full Name of Mother,* Henrietta Schmidt.
6. *Mother's Maiden Name,* Frank
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Theodore C. Schmidt.
9. *Father's Occupation* Cigar Manufacturer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, F. Krumb

Address, 800 Leadenhall st.

Remarks,

1895000 1860

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

64113

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 31st. 1895 A. M.
4. *Place of Birth (Street and Number)* 2416 Fairmount Avenue
5. *Full Name of Mother* Margaret Marshall
6. *Mother's Maiden Name* M. Beahtold
7. *Mother's Birthplace* Balto. City
8. *Full Name of Father* Henry Lesser Marshall
9. *Father's Occupation* Sail Maker
10. *Father's Birthplace* Balto. City

Name of Medical Attendant, or other Person who makes this Return. James E Donnelly M.D.

Address 1701 Balto. St East

Remarks

8450001861

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 31st 1895
4. *Place of Birth, (Street and Number)* 246 S Caster st
5. *Full Name of Mother,* Eleanorah Gray
6. *Mother's Maiden Name,* Christian
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Louis Gay
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore Co Md

Name of Medical Attendant, or other person who makes this Return, M A Dunnagan

Address, 2024 E Pratt st

Remarks, assisted by Dr Wekan

8950001862

Wm J C Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64115 v

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* March 31, 1896.
4. *Place of Birth, (Street and Number)* 553 Lanvale ave.
5. *Full Name of Mother,* Kate L. Lucas.
6. *Mother's Maiden Name,* Whibley.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* William O. Lucas.
9. *Father's Occupation* Carpenter.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Edwin H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8 9 5 0 0 0 1 8 6 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 31. (10, 30. a. m.).
4. *Place of Birth, (Street and Number)* 1909 E. Chase Street.
5. *Full Name of Mother,* Theresa Amanda Pugh.
6. *Mother's Maiden Name,* Hornberger.
7. *Mother's Birthplace,* Harford Co. Md.
8. *Full Name of Father,* Charles Ely Pugh.
9. *Father's Occupation*
10. *Father's Birthplace,* N. North Carolina.

Name of Medical Attendant, or other person who makes this Return, Wm. H. Kaune for Dr.

Address, Mothers Relief Society, 961 Wilson Place.

Remarks,

8 9 5 0 0 0 1 8 6 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 6/117

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 31 1895
4. *Place of Birth, (Street and Number)* Maternité 410 N. Hoffman St.
5. *Full Name of Mother,* Susan Davy
6. *Mother's Maiden Name,* Susan Davy
7. *Mother's Birthplace,* Harford Co.
8. *Full Name of Father,* Louis ~~Wm~~ Parker
9. *Father's Occupation* Stateman
10. *Father's Birthplace,* Harford Co.

Name of Medical Attendant, or other person who makes this Return, Louise Eaton, M.D. Res. Physician

Address, Maternité Lond Domiciliary Hospital

Remarks, 410 N. Hoffman St.

8 9 5 0 0 0 1 8 6 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64118

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) This is first child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Born 31 of March 195
4. Place of Birth, (Street and Number) 116 Thames St.
5. Full Name of Mother, Teady Zawalik
6. Mother's Maiden Name, Boy Wisinski
7. Mother's Birthplace, Poland
8. Full Name of Father, Tam Wisinski
9. Father's Occupation Rossland
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return Agnes Stodolna Tha

Address, Thames St. No 165

Remarks, Lint

8950001866

The name of each child, if any shall have been conferred, as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boy and Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 31 1895
4. *Place of Birth, (Street and Number)* Miller st 1625
5. *Full Name of Mother,* Mary Pajer
6. *Mother's Maiden Name,* Svoseh
7. *Mother's Birthplace,* Bohaimen
8. *Full Name of Father,* Albert Svoseh
9. *Father's Occupation* Tabor
10. *Father's Birthplace,* Bohaimen

Name of Medical Attendant, or other person who makes this Return, Mary Dr Goltin

Address, 1 W Washington st 205

Remarks, 8 4 5 0 0 0 1 8 6

Boards, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64120

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 31 March 1895
4. *Place of Birth, (Street and Number),* 1125 Patterson avenue
5. *Full Name of Mother,* Sofie Peterson
6. *Mother's Maiden Name,* Sofie Johnson
7. *Mother's Birthplace,* Sweden Europe.
8. *Full Name of Father,* Charles Peterson
9. *Father's Occupation* Paint Store keeper.
10. *Father's Birthplace,* Sweden Europe.

Name of Medical Attendant, or other person who makes this Return, Mrs Ellen Smith

Address, 504 S. Washington St.,

Remarks,

8950001868

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 64121

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W
3. Date of Birth, March 31 1913
4. Place of Birth, (Street and Number) Bon Secours Hospital 622 W Lombard St
5. Full Name of Mother, Josephine Gaga
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Harry G Utley M.D. Senior Resident Phys

Address,

Remarks,

8450001869

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64122

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* March 31-95
4. *Place of Birth, (Street and Number)* 423 Ruberry St
5. *Full Name of Mother,* Mary Dotson.
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Harry G Utley M.D.

Address, 624 W Lombard St

Remarks,

8 9 5 0 0 0 1 8 7 0

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64123

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* March 31 96
4. *Place of Birth, (Street and Number)* 885 Roberg St.
5. *Full Name of Mother,* Clara Williams
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Harry G Letley MD.

Address, 677 N Lombard St.

Remarks,

8950001871

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64124

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IX

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* C.
3. *Date of Birth,* Mch 21 95
4. *Place of Birth, (Street and Number)* 849 Stockholm St
5. *Full Name of Mother,* Rebecca Gibson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Harry G Ittley MD.

Address, 622 N Lombard St.

Remarks,

8 9 5 0 0 0 1 8 7 2

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64125

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Henry Wakefield

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	March 1, '96
4. Place of Birth, (Street and Number)	604 N. Castle St
5. Full Name of Mother,	Louise Wakefield
6. Mother's Maiden Name,	" Lutz
7. Mother's Birthplace,	Balto Md
8. Full Name of Father,	Charles Wakefield
9. Father's Occupation	Lumberyard
10. Father's Birthplace,	Balto Md
Name of Medical Attendant, or other person who makes this Return,	Caroline Miller
Address,	1605 Walker St
Remarks,	

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the peison or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1895 0001873

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 1895
4. *Place of Birth, (Street and Number)* 1611 E Madison St
5. *Full Name of Mother,* Louisa Mathane Brown
6. *Mother's Maiden Name,* Louisa Mathane
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Brown
9. *Father's Occupation* Coalman
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return Caroline Miller

Address, 1605 Walbert St

Remarks,

8950001874

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64127

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) E

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 1/95
4. Place of Birth, (Street and Number) 325 S. Durham St.
5. Full Name of Mother, Wilhelmina Bregel
6. Mother's Maiden Name, " " Hartman
7. Mother's Birthplace, Balto.
8. Full Name of Father, Konrad Bregel
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Thos. Dinsmore

Address, 2225 Gough St.

Remarks,

8 9 5 0 0 0 1 8 7 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Genevieve Mary Peregoy

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 1st 1875
4. Place of Birth, (Street and Number) 1808 Division Ave.
5. Full Name of Mother, Ella Peregoy
6. Mother's Maiden Name, Ella Swift
7. Mother's Birthplace, Balto
8. Full Name of Father, Thomas Peregoy
9. Father's Occupation Cutter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Anna Mezenzeli

Address, 343 N. Wolfe St

Remarks, GIVEN NAME ADDED 12-14-53

8 9 5 0 0 0 4 8 7 6

Wm. J. C. Dulany Co., City Printers and Stationers

1-25-60 64129

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William R. Sullivan third child

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, first of march 1895
4. Place of Birth, (Street and Number)
5. Full Name of Mother, Lillie Sullivan
6. Mother's Maiden Name, Lillie Kelding
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Hiram Frederick Sullivan
9. Father's Occupation Boiler maker
10. Father's Birthplace, alton. Ill.

Name of Medical Attendant, or other person who makes this Return, Katie Minnick

Address, 100 Leadenhall Street.

Remarks,

8 9 5 0 0 0 1 8 7 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64130

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 1/95
4. Place of Birth, (Street and Number) 310 S. Madeira Str.
5. Full Name of Mother, Barbara Kleiner
6. Mother's Maiden Name, " Fürst
7. Mother's Birthplace, Balto.
8. Full Name of Father, Adolph Kleiner
9. Father's Occupation Blacksmith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Leisenhofer

Address, 2225 Gough Str.

Remarks,

8 9 5 0 0 0 1 8 7 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 5-2-52

RETURN OF A BIRTH. 64131

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Henry John Betz

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11

1. *Sex*, (state whether male or female) Boy
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth*, March 1/95
4. *Place of Birth*, (Street and Number) 626 S. Bradford St.
5. *Full Name of Mother*, Julia A. Betz
6. *Mother's Maiden Name*, " " Pugh
7. *Mother's Birthplace*, Balto.
8. *Full Name of Father*, Henry J. Betz
9. *Father's Occupation*, Baker
10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

8950001879

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1 March 1895
4. *Place of Birth, (Street and Number)* 515 Chappel St
5. *Full Name of Mother,* Louise Egers
6. *Mother's Maiden Name,* Louise Meriam
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Christian Egers
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S. Washington St

Remarks,

1 8 9 5 0 0 0 1 8 8 0

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 64133

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 1. 1895
4. *Place of Birth, (Street and Number)*	St. Vincents Orp. Baltimore
5. *Full Name of Mother,*	Annie Greer
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Not known
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	J. Lee Rossi M. D.
Address,	620 N. Saratoga
Remarks,	

8 9 5 0 0 0 1 8 8 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 1 1895
4. *Place of Birth, (Street and Number)* St. Vincents Inf. Asylum
5. *Full Name of Mother,* Mary Edens
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Not known
9. *Father's Occupation* "
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, R. Le. Bassi M.D.

Address, 600 N. Avenue

Remarks,

8 9 5 0 0 0 1 8 8 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Blanks, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64135

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* Mch 1 '95
4. *Place of Birth, (Street and Number)* 648 Cider Alley
5. *Full Name of Mother,* Georgiana Small
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Harry G Utley M D.

Address, 627 W Lombard St

Remarks,

1 8 9 5 0 0 0 1 8 8 3

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64136

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 2 march 1895
4. *Place of Birth, (Street and Number)* 304 S. Washington St.
5. *Full Name of Mother,* Kate McDougal
6. *Mother's Maiden Name,* Kate Murdock
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Charles McDougal
9. *Father's Occupation* Can Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Ellen Smith

Address, 304 S. Washington St.

Remarks,

1895000184

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RETURN OF A BIRTH. 64137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6.te
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	2te of May 95
4. *Place of Birth, (Street and Number)*	1620 Frederick Road
5. *Full Name of Mother,*	Mary Müller
6. *Mother's Maiden Name,*	Mary Hittel
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Henry H Müller
9. *Father's Occupation*	Restaurant.
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	216 West Pratt St.
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8 Y 5 0 0 0 1 8 8 5

RETURN OF A BIRTH. 64138

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col'd
3. *Date of Birth,* March 2/98
4. *Place of Birth, (Street and Number)* 232 St Paul St
5. *Full Name of Mother,* Emma Smith
6. *Mother's Maiden Name,* Emma Johnson
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Henry Smith
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Jane Trustead

Address,

Remarks,

8950001886

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2nd of March, 1

4. Place of Birth, (Street and Number) 23 Poultney St

5. Full Name of Mother, Ella Blanche Wenger

6. Mother's Maiden Name, Ella Blanche Barnett.

7. Mother's Birthplace, Balto

8. Full Name of Father, Antone Joseph Wenger.

9. Father's Occupation Cutler & Grinder.

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mainch

Address, 811 Leadenhall Street.

Remarks,

8950001887

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 64140

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 2, '95
4. *Place of Birth, (Street and Number)* 1009 Hopkins Ave
5. *Full Name of Mother,* Emma L. Adgier
6. *Mother's Maiden Name,* " " Smith
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Jas. L. Adgier
9. *Father's Occupation* Engineer Motors
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Madison Ave

Remarks,

8 9 5 0 0 0 1 8 8 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64141 v

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.). 2 d.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 2. 1895. A. M.
4. *Place of Birth, (Street and Number)* 15. Gould's Lane, I. Balto.
5. *Full Name of Mother,* Annie Appel,
6. *Mother's Maiden Name,* Benjes.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Andreas, Heinrich Appel,
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Brooklyn, N. Y..

Name of Medical Attendant, or other person who makes this Return, Dr. A. Krause, for the

Address, Mothers Relief Society, 661. Pilton Ave.

Remarks.

8 9 5 0 0 0 1 8 8 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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V

RETURN OF A BIRTH. 64143

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	IV
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	March 2 95
4. *Place of Birth, (Street and Number)*	651 Robong St
5. *Full Name of Mother,*	Ellen Dailey
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	Harry G Lutey MD
Address,	677 W Lombard St
Remarks,	1895 0001890

Whereas, it is the duty of every person who shall attend upon the birth of any child, to ascertain as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64143

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* March 3. 91
4. *Place of Birth, (Street and Number)* Jno. Hopkins Hospital 622 N Lombard St
5. *Full Name of Mother,* Lena Wright
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Harry G Litley Resident Physician

Address,

Remarks,

8 9 5 0 0 0 1 8 9 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64144

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - William Ross Ganzhorn

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W.
3. Date of Birth, March 3 1895
4. Place of Birth, (Street and Number) Lying in Hospital 632 W Lanvale St
5. Full Name of Mother, Mary Elizabeth (Lizzie Smith) Ganzhorn
6. Mother's Maiden Name, Mary Elizabeth Smith
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Frank Bennett Ganzhorn
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Harry G Utley Resident Phys Lying in

Address,

Remarks,

8 9 5 0 0 0 1 8 9 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 64145 c

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 3/96
4. Place of Birth, (Street and Number) 19 S. Castle Str.
5. Full Name of Mother, Mary Kollinger
6. Mother's Maiden Name, " Willaker
7. Mother's Birthplace, Balto.
8. Full Name of Father, Anton Kollinger
9. Father's Occupation Carpenter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Dunnhofer

Address, 2225 Gough Str.

Remarks,

8950001893

Wm. J. C. Dulany Co., City Printers and Stationers.

The full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64146

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 3/95
4. Place of Birth, (Street and Number) 609 S. Register St.
5. Full Name of Mother, Annie Cappeller
6. Mother's Maiden Name, " Sible
7. Mother's Birthplace, Balto. County.
8. Full Name of Father, William Cappeller
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Leisenhofer

Address, 2225 Gough St.

Remarks,

8950001894

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 3, 95
4. *Place of Birth, (Street and Number)* 617 N. Bethel St.
5. *Full Name of Mother,* Rose Sprenger
6. *Mother's Maiden Name,* " Seeger
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Peter Sprenger
9. *Father's Occupation* Schweinschlachter
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return Caroline Miller

Address, 1605 Walbert St

Remarks,

18950001895

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64148 c

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 3 March 1895
4. *Place of Birth, (Street and Number)* 2432 Canton Ave
5. *Full Name of Mother,* Mary E Oliver
6. *Mother's Maiden Name,* Mary Jones
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Charles Oliver
9. *Father's Occupation* Sailor
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 514 S. Washington St

Remarks,

1 8 9 5 0 0 0 1 8 9 6

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 64149

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female).* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 3d March 1895
4. *Place of Birth, (Street and Number)* 1008 Riverside Ave
5. *Full Name of Mother,* Laura Pearman
6. *Mother's Maiden Name,* Joice
7. *Mother's Birthplace,* West River A.A Co Md
8. *Full Name of Father,* James Pearman
9. *Father's Occupation* Malt, Yeast
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Yewell

Address, 436 E Fort Ave

Remarks,

8 9 5 0 0 0 1 8 9 7

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2-3-60

RETURN OF A BIRTH. 64150 1

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ruth Webb

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, March 3, 1895.
4. Place of Birth, (Street and Number) 326 Eluan ave.
5. Full Name of Mother, Eleanor M. Webb.
6. Mother's Maiden Name, Childs.
7. Mother's Birthplace, Md.
8. Full Name of Father, Edward C. Webb.
9. Father's Occupation Machinist
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

1 8 9 5 0 0 0 1 8 9 8

Wm. J. C. Dulany Co., City Printers and Stationers.

been collected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. (64151)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 3: 95
4. Place of Birth, (Street and Number) 1910 Barclay St
5. Full Name of Mother, Mary R. Ward
6. Mother's Maiden Name, " Pidout
7. Mother's Birthplace, Anne Arundel
8. Full Name of Father, Geo: P. Ward
9. Father's Occupation Civil Engineer
10. Father's Birthplace, N. Hampshire

Name of Medical Attendant, or other person who makes this Return, P. L. Williams

Address, 1128 Cathedral St

Remarks,

8950001899

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 64152

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female).* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 3, 1900
4. *Place of Birth, (Street and Number)* 1632 Millington St
5. *Full Name of Mother,* Mary Abess
6. *Mother's Maiden Name,* " Straus
7. *Mother's Birthplace,*
8. *Full Name of Father,* Johan Abess
9. *Father's Occupation* Tanner
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Carolina Miller

Address, 1605 Hallows St

Remarks,

8 9 5 0 0 0 1 9 0 0

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 6415

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 3 March
4. Place of Birth, (Street and Number) 1219 Bible st.
5. Full Name of Mother, Maria Anna Larsen
6. Mother's Maiden Name, Koichner
7. Mother's Birthplace, Lancaster
8. Full Name of Father, Charles Larsen
9. Father's Occupation,
10. Father's Birthplace, Philadelphia Pa.

Name of Medical Attendant, or other person who makes this Return. Anna Walter

Address, 928 N. Conk Avenue

Remarks,

8950001901

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64154

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 4th March 1895
4. *Place of Birth, (Street and Number)* 826 Warner St
5. *Full Name of Mother,* Ella B Bush
6. *Mother's Maiden Name,* Lowens
7. *Mother's Birthplace,* Harford Co Md
8. *Full Name of Father,* John C Bush
9. *Father's Occupation* Shoe Maker
10. *Father's Birthplace,* Queen Anne Co Md

Name of Medical Attendant, or other person who makes this Return, Elizabeth Pennell

Address, 436 E Fort Ave

Remarks,

8950001902

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64155

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such persons or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	4th of May 95
4. *Place of Birth, (Street and Number)*	Old Frederick Road no number
5. *Full Name of Mother,*	Ema Merkel
6. *Mother's Maiden Name,*	Ema Heise
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Henry Merkel
9. *Father's Occupation*	Stonemason
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Frederike Keules Midwife
Address,	2116 W. Pratt St.
Remarks,	

8 9 5 0 0 0 1 9 0 3

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 64156

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	4th of May 45
4. *Place of Birth, (Street and Number)*	217 Wilkens av
5. *Full Name of Mother,*	Ana K. Riehl
6. *Mother's Maiden Name,*	Ana K. Akermann
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Georg L. Riehl
9. *Father's Occupation*	Cooper
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	2116 W. Pratt St.
Remarks,	

8950001904

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, March 4, 1905
4. Place of Birth, (Street and Number) 2417 Foster Ave.
5. Full Name of Mother, Mary Kraft.
6. Mother's Maiden Name, Mary Konrad.
7. Mother's Birthplace, Balto
8. Full Name of Father, Benjamin Kraft.
9. Father's Occupation Labor.
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne.

Address, 824 Canton St.

Remarks,

8 4 5 0 0 0 1 9 0 5

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 64158

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* March 4 1893
4. *Place of Birth, (Street and Number)* 321 Mayford Ave.
5. *Full Name of Mother,* Josephine Smith.
6. *Mother's Maiden Name,* Josephine Gash.
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Smith
9. *Father's Occupation* Cook
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mary L Jacoyne

Address, 824 Carlton St.

Remarks,

8 9 5 0 0 0 1 9 0 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 64159

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4 March 1895
4. *Place of Birth, (Street and Number)* 208 Monument St
5. *Full Name of Mother,* Mary Bauer
6. *Mother's Maiden Name,* Mary Daugherty
7. *Mother's Birthplace,* Baltimore MD
8. *Full Name of Father,* John Bauer
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Baltimore MD

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 509 S. Washington St

Remarks,

8 9 5 0 0 0 1 9 0 7

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 64/60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) F

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 2
4. *Place of Birth, (Street and Number)* 911 Greenwillow Court.
5. *Full Name of Mother,* Emma J. Cooper
6. *Mother's Maiden Name,* Emma V. Ritzley
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm. H. Cooper
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Carroll Co Maryland

Name of Medical Attendant, or other person who makes this Return, Jno. D. Ruby M.D.

Address, 1319 Argyle Ave

Remarks, 8 9 5 0 0 0 1 9 0 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64161.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 4-1895
4. Place of Birth, (Street and Number) 2111 Etting St
5. Full Name of Mother, Bell R Hopkins
6. Mother's Maiden Name, " Cook Lankford
7. Mother's Birthplace, West River Md
8. Full Name of Father, Ernest Hopkins
9. Father's Occupation Oyster Shucker Co mark
10. Father's Birthplace, Driver

Name of Medical Attendant, or other person who makes this Return, Jacob E. Dorf

Address, 612 Collins St

Remarks, 8950001909

This Return shall contain a list of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 64162

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 4th 1895
4. *Place of Birth, (Street and Number)* 1409 Federal St
5. *Full Name of Mother.* Carrie L Swift
6. *Mother's Maiden Name,* — Turner
7. *Mother's Birthplace,* Tennessee
8. *Full Name of Father.* William H. Swift
9. *Father's Occupation.* Salesman
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return. Sam'l J Rutt M.D

Address, 314 N Eutaw St

Remarks,

8 9 5 0 0 0 1 9 1 0

under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of mid-wifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 64163

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 4 '95
4. *Place of Birth, (Street and Number)* 621 N Collington Ave
5. *Full Name of Mother,* Mary Thalmann
6. *Mother's Maiden Name,* " Gos
7. *Mother's Birthplace,* France
8. *Full Name of Father,* Jacques Thalmann
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Switzerland

Name of Medical Attendant, or other person who makes this Return. Caroline Muller

Address, 1605 Walker St.

Remarks,

8 9 5 0 0 0 1 9 1 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	March 4 95
4. *Place of Birth, (Street and Number)*	723 Dover St.
5. *Full Name of Mother,*	Mary Harper
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	Harry G Letley MD.
Address,	622 W Lombard St.
Remarks,	

8 9 5 0 0 0 1 9 1 2

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

NAME ADDED. 12-15-87

RETURN OF A BIRTH. 64165

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Gertrude Margaret ~~———~~ Bowman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 5th March 1895
4. *Place of Birth, (Street and Number)* 720 E Fort Ave
5. *Full Name of Mother,* Sarah Bowman
6. *Mother's Maiden Name,* Hartlove
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Phillip Bowman
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Agerwald

Address, 436 E Fort Ave

Remarks,

8950001913

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64166

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2nd, &c.~~) .....

1. *Sex, (state whether male ~~or female~~)* Male
2. *Race or Color, (if not of the white race)* .....
3. *Date of Birth,* March 5 th.
4. *Place of Birth, (Street and Number)* 1022 S. Sharp St.
5. *Full Name of Mother,* Agnes J. Henschen
6. *Mother's Maiden Name,* Agnes J. Zimmer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John H. Henschen
9. *Father's Occupation* Cigar box maker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Katie Münch

Address, 800 Leadenhall Street.

Remarks, ...

8950001914

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

64167

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 5 1915
4. Place of Birth, (Street and Number) 1119 Kirk St
5. Full Name of Mother, Anna Bird
6. Mother's Maiden Name, Anna Bird
7. Mother's Birthplace, Va
8. Full Name of Father, Lloyd Price
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Edw F Ruby MD

Address, 319 Argyle Ave

Remarks, 8 9 5 0 0 0 1 9 1 5

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64168

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, March 5 — 1895

4. Place of Birth, (Street and Number) 1520 N. Gay St.

5. Full Name of Mother, Maria Roethlingshoefer

6. Mother's Maiden Name, Muetzel

7. Mother's Birthplace, Germany

8. Full Name of Father, Leonhart Roethlingshoefer

9. Father's Occupation Beer Bottler

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who made this Return, Mary Stein

Address, 1429 E. Pratt St.

Remarks, 8950001916

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of midwifery, of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64169

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March February 5/95
4. Place of Birth, (Street and Number) Maternity Hospital 115 W Lombard St
5. Full Name of Mother, Jennie Brown
6. Mother's Maiden Name, "
7. Mother's Birthplace, Virginia
8. Full Name of Father, Unknown
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Alfred Gundry M.D.

Address, 115 W Lombard St

Remarks,

8950001917

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64170

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* March 5 95
4. *Place of Birth, (Street and Number)* The Lying in Hospital 632 W Lombard St
5. *Full Name of Mother,* Eleanora Clark
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Harry G Utley Resident Phys.

Address,

Remarks,

8 9 5 0 0 0 1 9 1 8

Jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64171

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 6/95
4. Place of Birth, (Street and Number) 1924 E. Fayette Str.
5. Full Name of Mother, Annie Anton
6. Mother's Maiden Name, " Hufnagel
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, Adam Anton
9. Father's Occupation Paperhanger
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. Eisenhofer

Address, 2225 Gough Str.

Remarks,

8 9 5 0 0 0 1 9 1 9

Wm. J. C. Dulany Co., City Printers and Stationers.

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64172

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	II
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 6/95
4. *Place of Birth, (Street and Number)*	1912 E. Fayette Ste.
5. *Full Name of Mother,*	Mary Kelley
6. *Mother's Maiden Name,*	" Barnes
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	James Kelley
9. *Father's Occupation*	Laberer
10. *Father's Birthplace,*	Irelands
Name of Medical Attendant, or other person who makes this Return.	Mrs. Deisenhofer
Address,	2225 Gough Ste.
Remarks,	

1 8 9 5 0 0 0 1 9 2 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64173 c

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mch 6/95
4. Place of Birth, (Street and Number) 2228 Baker St
5. Full Name of Mother, Hannah Rosenbaum
6. Mother's Maiden Name, Grossbaum
7. Mother's Birthplace, Balto
8. Full Name of Father, Abraham Rosenbaum
9. Father's Occupation, Liquor Dealer
10. Father's Birthplace, Springfield Mass

Name of Medical Attendant, or other person who makes this Return, S H Culpper M.D

Address, 1611 E Baltimore

Remarks,

18950001921

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 64174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6 March 95
4. *Place of Birth, (Street and Number)* 952 Washington St North
5. *Full Name of Mother,* Kate Halek
6. *Mother's Maiden Name,* Kate Shomaker
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Frank Halek
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Josephine Conrad

Address, 1621 Barnes St Baltimore Md

Remarks,

1 8 9 5 0 0 0 1 9 2 2

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. 64175

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third and
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 4th 1895
4. *Place of Birth, (Street and Number)*	Slingluff Avenue
5. *Full Name of Mother,*	Mary Roache
6. *Mother's Maiden Name,*	Mary Stafford
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Thomas O'Roache
9. *Father's Occupation*	Farmer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Mrs A McGinzehl
Address,	543 N Gilmor
Remarks,	

1895 0001923

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH 64176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 6th 1895
4. *Place of Birth, (Street and Number)* 1529 Druid St
5. *Full Name of Mother,* Cora E. Turner
6. *Mother's Maiden Name,* Davis
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* William A Turner
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. Samuel Bell M.D.

Address, 314 N Eutaw St

Remarks,

8950001924

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 64177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 6/25
4. Place of Birth, (Street and Number) Maternity Hospital, 115 W Lombard St
5. Full Name of Mother, Eliza Bradley
6. Mother's Maiden Name, "
7. Mother's Birthplace, North Carolina
8. Full Name of Father, Unknown
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Alfred T. Gundry M.D.

Address, 115 W Lombard St

Remarks,

1 8 9 5 0 0 0 1 9 2 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Pauline Catherine Messner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 7 — 1895
4. Place of Birth, (Street and Number) 1054 Granby St.
5. Full Name of Mother, Rosse Messner
6. Mother's Maiden Name, Keiser
7. Mother's Birthplace, Germany
8. Full Name of Father, Casper Messer
9. Father's Occupation Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8 9 5 0 0 0 1 9 2 6

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 64179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 4th
4. Place of Birth, (Street and Number) 119 E Lanvale St
5. Full Name of Mother, Mrs Annie Elisa Barnett
6. Mother's Maiden Name, Miss Annie Elisa Magee
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Isaac Blevin Barnett
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Katie Mainah

Address, 700 Leadenhall Street.

Remarks,

8950001927

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 7/95
4. *Place of Birth, (Street and Number)* 126 S. Castle St.
5. *Full Name of Mother,* Barbara Rauss
6. *Mother's Maiden Name,* " Weigert
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Richard Rauss
9. *Father's Occupation* Tinner
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

8 9 5 0 0 0 1 9 2 8

Wm. J. C. Dulany Co., City Printers and Stationers.

No child born alive in Baltimore City shall be registered as living unless the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64181

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	3/7/95
4. *Place of Birth, (Street and Number)*	413 E. Hamburg St
5. *Full Name of Mother,*	Alice E. Hamilton
6. *Mother's Maiden Name,*	Vanvort
7. *Mother's Birthplace,*	Balto. City
8. *Full Name of Father,*	Theodore Hamilton
9. *Father's Occupation,*	Huckster
10. *Father's Birthplace,*	Balto. City
Name of Medical Attendant, or other person who makes this Return,	R. G. Lee
Address,	Hanover St
Remarks,	1 8 9 5 0 0 0 1 9 2 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64183

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March the 7
4. *Place of Birth, (Street and Number)* 2023 Oak St
5. *Full Name of Mother,* Maggie Burrier
6. *Mother's Maiden Name,* Haeffner
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Jos J & M Burrier
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1895000 1930

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, iiunediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 6418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 7 — 1895
4. Place of Birth, (Street and Number) 525 E. Lynn St.
5. Full Name of Mother, Mary Elizabeth Draeger
6. Mother's Maiden Name, Glock
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Reinhold Draeger
9. Father's Occupation Shoe Fitter
10. Father's Birthplace, Baltimore

Name of Medical Attendant or other person who made this Return, Mary Stein

Address, 142 E. Pratt St.

Remarks,

1 8 9 5 0 0 0 1 9 3 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

CERTIFICATE CORRECTED 3-16-58

RETURN OF A BIRTH. 64184

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna K. Klingebiel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 te

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7th of March 1895
4. Place of Birth, (Street and Number) 23 Frederick Road
5. Full Name of Mother, Klingebiel, Katharina ~~Klingenbiehl~~
6. Mother's Maiden Name, Katharina Weis
7. Mother's Birthplace, Balto
8. Full Name of Father, Klingebiel, Friedrich ~~Klingenbiehl~~
9. Father's Occupation Bütcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Heuler midwife

Address, 2116 W. Pratt St

Remarks,

8 4 5 0 0 0 1 9 3 2

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 64185

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Child "

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth, March 7th 1895
4. Place of Birth, (Street and Number) 926 Light St.
5. Full Name of Mother, Marguerite Brook.
6. Mother's Maiden Name, " Wefalca.
7. Mother's Birthplace, Balto City
8. Full Name of Father, Charles E. Brook.
9. Father's Occupation Jeweller.
10. Father's Birthplace, Penn.

Name of Medical Attendant, or other person who makes this Return, R. J. H. Tall. M.D.

Address, 524 Sharp St

Remarks,

8 9 5 0 0 0 1 9 3 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

6/23/66

CERTIFICATE CORRECTED

64186

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Joseph Brannan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mar. 1, 1895
4. Place of Birth, (Street and Number) 209 Heath St
5. Full Name of Mother, Brannan, Mary ~~Brannan~~
6. Mother's Maiden Name, Mary Gillaway
7. Mother's Birthplace, Ireland
8. Full Name of Father Brannan, Thomas ~~Thomas~~ ~~Brannan~~
9. Father's Occupation Cigar Maker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Dr. K. Conway

Address, 235 Heath St

Remarks, Home Well

8 9 5 0 0 0 1 9 3 4

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64187

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 7th 9 15 A. M. 1895
4. Place of Birth (Street and Number) 1537 Nicholson st) Locust Point
5. Full Name of Mother Mary Smith Kennedy
6. Mother's Maiden Name Mary Smith
7. Mother's Birthplace Maryland
8. Full Name of Father Patrick Joseph Kennedy
9. Father's Occupation Restaurateur
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. James E. Dwindle M.D.

Address 1701 Baltimore St East

Remarks

1895000 1935

RETURN OF A BIRTH. 64188

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* March 7. 1895
4. *Place of Birth, (Street and Number)* 702 Mahorg St
5. *Full Name of Mother,* Lula West
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Harry J Utley MD

Address, 672 W Lombard St

Remarks,

1 8 9 5 0 0 0 1 9 3 6

The name of each child is to be given as soon as the same can be ascertained; the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* March 4 93
4. *Place of Birth, (Street and Number)* Bay View Hospital 611 N Lombard St.
5. *Full Name of Mother,* Jennie Stratton
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Harry G Utley Resident Physician

Address,

Remarks,

8950001937

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female -
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* March 8 92
4. *Place of Birth, (Street and Number)* New Lying in Hospital 622 W Lombard St
5. *Full Name of Mother,* Clara Schwender
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Harry G Ottley M.D. Resident Phys

Address,

Remarks,

8 9 5 0 0 0 1 9 3 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64191

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 8/95
4. Place of Birth, (Street and Number) Maternite Hospital, 115 W Lombard St
5. Full Name of Mother, Nora Davis
6. Mother's Maiden Name, "
7. Mother's Birthplace, Penn.
8. Full Name of Father, Unknown
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Alfred J. Gundry M.D. 115 W Lombard St

Address,

Remarks, 1895000 1939

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 8/40
4. Place of Birth, (Street and Number) Maternité Hospital, 116 W Lombard St
5. Full Name of Mother, Bessie Braxton
6. Mother's Maiden Name, Unknown
7. Mother's Birthplace, Virginia
8. Full Name of Father, Unknown
9. Father's Occupation, " "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Alfred V. Gundry M.D.

Address, 116 W Lombard St.

Remarks, 1 8 9 5 0 0 0 1 9 4 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 64193

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 8/95
4. *Place of Birth, (Street and Number)*	226 S. Chester St.
5. *Full Name of Mother,*	Matilda Dunn
6. *Mother's Maiden Name.*	Matilda Dunn
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Geo. Dunn
9. *Father's Occupation*	Fireman
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mrs. Deisenhofer
Address,	2223 Gough St.
Remarks,	

8950001941

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64194

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Mar. 8th 1895
4. Place of Birth, (Street and Number) 132 Druid Ave. Woodberry
5. Full Name of Mother, Elizabeth A. Conolley
6. Mother's Maiden Name, Elizabeth A. Kane
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles R. Conolley
9. Father's Occupation, Conductor City & Suburban Railway
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo. T. Shower, M. D.

Address, 421 Roland Ave. Hampden

Remarks,

1895000 1942

Wm J C. Dulany Co., City Printers and Stationers.

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64195

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 8 1895
4. Place of Birth, (Street and Number) S. Exeter St.
5. Full Name of Mother, Mary Reily
6. Mother's Maiden Name, Hagan
7. Mother's Birthplace, Ireland
8. Full Name of Father, James Reily
9. Father's Occupation Can Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1227 E. Pratt St.

Remarks,

1895000 1943

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall lie subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 8. (3 A. M.).
4. *Place of Birth, (Street and Number)* 120 Hollins Alley near Pratt St.
5. *Full Name of Mother,* Robinette Hutchins,
6. *Mother's Maiden Name,* Schultz.
7. *Mother's Birthplace,* King & Queen Co. Va.
8. *Full Name of Father,* Albert Henry Hutchins,
9. *Father's Occupation* Tinner.
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. N. Kanne, for the

Address, Mothers Relief Society, 961 Milton Place,

Remarks.

8 4 5 0 0 0 1 9 4 4

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 8/95
4. *Place of Birth, (Street and Number)* 2218 Boston St.
5. *Full Name of Mother,* Emilie Klingelhoefer
6. *Mother's Maiden Name,* " Wolf
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Peter Klingelhoefer
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Diisenhofer

Address, 2225 Lenox St.

Remarks,

8950001945

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64198

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	9th March 1895
4. *Place of Birth, (Street and Number)*	1503 Monument St
5. *Full Name of Mother,*	Pauline Allen
6. *Mother's Maiden Name,*	Dropp
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Allen
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Bennett
Address,	436 E Fort St
Remarks,	

6950001946

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be the duty of the attending physician or midwife, or in the absence of both, of the father, mother, householder or other person present at the birth, to report to the Commissioner of Health, within the period above required, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 64199

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 9- 1895
4. *Place of Birth, (Street and Number)* 615 Sewell St
5. *Full Name of Mother,* Bessie May Stafford
6. *Mother's Maiden Name,* " " Engles
7. *Mother's Birthplace,* Dayton, Ohio
8. *Full Name of Father,* Warren Pickens Stafford
9. *Father's Occupation,* Cigar manufactr
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. James Bacon M.D.

Address, 1337 North ave

Remarks,

+ 8950001947

John Murphy & Co., City Printers and Stationers.

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64200

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 7, 1895
4. *Place of Birth, (Street and Number)* 711 Peach Alley
5. *Full Name of Mother,* Ida Singert
6. *Mother's Maiden Name,* Ida Quinn
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Singert
9. *Father's Occupation* Cutter Trade
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. R. Caskey

Address, 2136 Leath St

Remarks, King Place

1895 0001948

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 6421

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 9/95
4. Place of Birth, (Street and Number) 2025 Eastern Ave.
5. Full Name of Mother, Annie Glock
6. Mother's Maiden Name, " Robinson
7. Mother's Birthplace, Balto.
8. Full Name of Father, Benjamin Glock
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

8950001949

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64202 V

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Mul.
3. *Date of Birth,* 9 March 1895
4. *Place of Birth, (Street and Number)* 2940 Fenton Ave
5. *Full Name of Mother,* Julia Moller
6. *Mother's Maiden Name,* Julia Moller
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Fredrick Moller
9. *Father's Occupation* Tanner
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S. Washington St

Remarks,

1895 0001950

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Statsoners

RETURN OF A BIRTH. 61203

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 9/95
4. Place of Birth, (Street and Number) 410 N. Madeira Str.
5. Full Name of Mother, Elizabeth Clark
6. Mother's Maiden Name, Francis
7. Mother's Birthplace, Balto.
8. Full Name of Father, Harry J. Clark
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Lough Str.

Remarks,

8950001951

Wm. J. C. Dulany Co., City Printers and Stationers.

Each Physician or Midwife in attendance upon a birth shall report the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 64204.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7. March 95.
4. *Place of Birth, (Street and Number)* 1211. Broadway North
5. *Full Name of Mother,* Tresia Butt
6. *Mother's Maiden Name,* Tresia Sytter
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John Butt
9. *Father's Occupation,* Store Keeper
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Josephian Conrad

Address, 1621 Barnes St Baltimore

Remarks,

1895000 1952

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 64205

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1. tw
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	4th of May 95
4. *Place of Birth, (Street and Number)*	40 Landwehr Lane
5. *Full Name of Mother,*	Maria Schrage
6. *Mother's Maiden Name,*	Maria Schneider
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Frederick W. Schrage
9. *Father's Occupation*	Baker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Hauler midwife
Address,	2116 W Pratt St
Remarks,	

1.6955000 1953

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH 64206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9 March 96
4. *Place of Birth, (Street and Number)* 1624 Barnes St
5. *Full Name of Mother,* Mary Fultman
6. *Mother's Maiden Name,* Mary Barach
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Fredrick Fultman
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Josephan Conrad

Address, 1621 Barnes St Baltimore Md

Remarks,

1 8 9 5 0 0 0 1 9 5 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 64207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2te

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10te of Marz 91
4. *Place of Birth, (Street and Number)* 121 Payson St
5. *Full Name of Mother,* Flora Edelmann
6. *Mother's Maiden Name,* Flora Erny
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Earls Edelmann
9. *Father's Occupation* Bäcker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Frau Hedwig Keuler Midwife

Address, 2116 W. Pratt St

Remarks,

1 8 9 5 0 0 0 1 9 5 5

Wm. J. C. Dulany Co,. City Printers and Stationers.

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64208

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 10 March 1895
4. *Place of Birth, (Street and Number)* 1000 Hanover St
5. *Full Name of Mother,* Virginia Kircher
6. *Mother's Maiden Name,* Haas
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm Kircher
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return Elizabeth Yeowell

Address, 436 E Fort Ave

Remarks,

1895000195 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 10/95
4. *Place of Birth, (Street and Number)* 609 Gough St.
5. *Full Name of Mother,* Anna Scanlon
6. *Mother's Maiden Name,* " Redemann
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Daniel Scanlon
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Leisenhofer

Address, 2225 Gough St.

Remarks,

1 8 9 5 0 0 0 1 9 5 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64210

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	10th March 1895
4. *Place of Birth, (Street and Number)*	177 N. Canton St
5. *Full Name of Mother,*	Theresa Merbach
6. *Mother's Maiden Name,*	Theresa Bink
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Gus. J. Merbach
9. *Father's Occupation*	Wheel Wright
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Maguire
Address,	2305 E Fayette St
Remarks,	

1895 0001958

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 tes

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10th of May 95
4. *Place of Birth, (Street and Number)* 509 Bentalou St
5. *Full Name of Mother,* Maria Silvea
6. *Mother's Maiden Name,* Maria Schnijder
7. *Mother's Birthplace,* Baltic
8. *Full Name of Father,* Albert Silvea
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Gumany

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 2116 W Pratt St

Remarks,

8950001959

Wm. J. C. Dulany Co., City Printers and Stationers.

(been omitted) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

over

RETURN OF A BIRTH. 64212

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or ~~female~~)* Leonard Preston Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Mar 10th 1895
4. *Place of Birth, (Street and Number)* 202 Hickory Ave. Hampden
5. *Full Name of Mother,* Alice Young
6. *Mother's Maiden Name,* Alice Miller
7. *Mother's Birthplace,* Carroll Co. Md.
8. *Full Name of Father,* William R. Young
9. *Father's Occupation,* R. R. Employee
10. *Father's Birthplace,* Pa.

Name of Medical Attendant, or other person who makes this Return. Geo. T. Shower, M.D.

Address, 421 Roland Ave. Hampden

Remarks,

8950001960

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64213

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* March 10 95
4. *Place of Birth, (Street and Number)* The Lying in Hospital 6th & Lombard St
5. *Full Name of Mother,* Ida Wagner
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return Henry G Lutley M D Resident Phys

Address,

Remarks,

8 9 5 0 0 0 1 9 6 1

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64214

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* March 10 95 6 P.
4. *Place of Birth, (Street and Number)* The Lying in Hospital 632 N Lombard St.
5. *Full Name of Mother,* Minnie Denham
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Harry G Ettley M.D. Resident Phys

Address,

Remarks,

8 9 5 0 0 0 1 9 6 2

Said Certificate of its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64215

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 11th 1895
4. *Place of Birth, (Street and Number)* 545 Wilson st
5. *Full Name of Mother,* Mary Butlerdeffer
6. *Mother's Maiden Name,* Mary Mayhraitz
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Charles E Butlerdeffer
9. *Father's Occupation* Ice Dealer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs A Messenger

Address, 573 W Mulberry st

Remarks,

1895 0001963

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 642164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, March 11 (11 o'clock P. M.).
4. Place of Birth, (Street and Number) 57 Montgomery str. E. Balto.
5. Full Name of Mother, Ella Mathilde Frymer.
6. Mother's Maiden Name, Griffin.
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, William Thomas Frymer
9. Father's Occupation Engineer.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Rev. Jn. Keane for the

Address, Mothers Relief Society, 961. Milton Place.

Remarks,

8950001964

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 6427

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 1 / 95
4. Place of Birth, (Street and Number) 2924 Linwood Av. Wiseley
5. Full Name of Mother, Kate Whitlow
6. Mother's Maiden Name, Schäfer
7. Mother's Birthplace, Balto.
8. Full Name of Father, George Whitlow
9. Father's Occupation, Motorman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, J. W. Schaffner M.D.

Address, 530 S. Bayview Av.

Remarks, 1895000 1965

Each Return of a Birth shall state the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64218

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 11/55
4. *Place of Birth, (Street and Number)* 748 W Mulberry St
5. *Full Name of Mother,* Walburger Duerr
6. *Mother's Maiden Name,* Walburger Knott
7. *Mother's Birthplace,* Germania
8. *Full Name of Father,* Valintine Duerr
9. *Father's Occupation,* Police Officer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs O'Hayer

Address, 927 Hollins st

Remarks,

8950001966

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

When completed, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

GIVEN NAME ADDED 5-31-55

RETURN OF A BIRTH. 64219

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Josie Mitre Simmons

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 11th March 1895

4. Place of Birth, (Street and Number) 1539 Hanover St

5. Full Name of Mother, Caroline Simmons

6. Mother's Maiden Name, Millenburge

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph Simmons

9. Father's Occupation Carpenter

10. Father's Birthplace, Dorchester Co. And

Name of Medical Attendant, or other person who makes this Return, Elizabeth Gyenell

Address, 436 E Fort ave

Remarks,

8950001967

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of widwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64320

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Colored
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Mar 11 Jan 1 1915
4. *Place of Birth, (Street and Number)*	2143 Hanover St
5. *Full Name of Mother,*	Mary J. Love
6. *Mother's Maiden Name,*	Mary J. Keener
7. *Mother's Birthplace,*	Manchester Co.
8. *Full Name of Father,*	Jarvis Love
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Richmond Co Va.
Name of Medical Attendant, or other person who makes this Return,	Dr. R. Cosby
Address,	213 E Heath St
Remarks,	Home Field

8950001968

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 64221

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, March 11 1895
4. Place of Birth, (Street and Number) 118 West Stanburg Street
5. Full Name of Mother, Annie Deitz
6. Mother's Maiden Name, Fras
7. Mother's Birthplace, Germany
8. Full Name of Father, Peter Deitz
9. Father's Occupation Taylar
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Katie Münch

Address, 801 Leadenhall Street.

Remarks,

1895000 1969

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64222

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	11th of May 95
4. *Place of Birth, (Street and Number)*	Keepers Lane no number
5. *Full Name of Mother,*	Mathilde Hoffmann
6. *Mother's Maiden Name,*	Mathilde Horstmann
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Albert Hoffmann
9. *Father's Occupation*	Baker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	2116 W. Pratt St.
Remarks,	

1895000001970

Wm. J. C. Dulany Co,. City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64223

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 12 th
4. Place of Birth, (Street and Number) 1289 William st
5. Full Name of Mother, annie E Hodges
6. Mother's Maiden Name, " " Hasbadder
7. Mother's Birthplace, Balto Md
8. Full Name of Father, John T Hodges Jr
9. Father's Occupation Tile setter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Katie Manus

Address, 800 Leadenhall Street

Remarks,

8950001971

Said Schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 64224

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March the 12 - 15 - 95
4. *Place of Birth, (Street and Number)*	Gaalwood st N° 3-33
5. *Full Name of Mother,*	Katey haug
6. *Mother's Maiden Name,*	Katey Sievert
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George J haug
9. *Father's Occupation*	cooper
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs S Kelley
Address,	N° 17-22 Wilkins ave
Remarks,	

1895 0 0 0 1 9 7 2

been entered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 64223

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IIII

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 12/95
4. Place of Birth, (Street and Number) 142 N. Collington Ave.
5. Full Name of Mother, Elizabeth Geiger
6. Mother's Maiden Name, " Weller
7. Mother's Birthplace, Balto.
8. Full Name of Father, Andrew Geiger
9. Father's Occupation, Cooper
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

1 8 9 5 0 0 0 1 9 7 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64226

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 12. 1895.
4. *Place of Birth, (Street and Number)* Sharp c 1246 Baltimor
5. *Full Name of Mother,* Louisa Frances
6. *Mother's Maiden Name,* Gentzler
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* L & Mary Trump Co
9. *Father's Occupation* fireman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return Katie Münch

Address, 800 Leadenhall Street.

Remarks,

8750001974

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64227

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 te
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	12te of March 95
4. *Place of Birth, (Street and Number)*	834 Frederick Road
5. *Full Name of Mother,*	Kathe Hauck
6. *Mother's Maiden Name,*	Kathe Maijer
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	August Hauck
9. *Father's Occupation*	Brauer
10. *Father's Birthplace,*	Gamany
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	2116 W. Pratt St.
Remarks,	

6 7 5 0 0 0 1 9 7 5

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 64228

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* March 12, 1895.
4. *Place of Birth, (Street and Number)* 806 Second ave.
5. *Full Name of Mother,* Rosa Bell Walls.
6. *Mother's Maiden Name,* Burns.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* John Ellsworth Walls.
9. *Father's Occupation* Weaver (Cotton Duck).
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, —

8 9 5 U 0 0 1 9 7 6

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64229

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	III
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	March 12 1895
4. *Place of Birth, (Street and Number)*	27 Dobson Court
5. *Full Name of Mother,*	Josephine Johns
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	Harry G Utley MD
Address,	622 W Lombard St
Remarks,	

8950001977

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64230

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 12. 45
4. Place of Birth, (Street and Number) Maternity Hospital, 115 W Lombard St
5. Full Name of Mother, Mary Eason
6. Mother's Maiden Name, "
7. Mother's Birthplace, North Carolina
8. Full Name of Father, Unknown
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Alfred I. Gundry M.D.
115 W Lombard St

Address,

Remarks, 1 6 9 5 0 0 0 1 9 7 8

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

v

RETURN OF A BIRTH. 64231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) (
3. Date of Birth, March 13th
4. Place of Birth, (Street and Number) 217 N Hamburg
5. Full Name of Mother, Emma L. Grund (
6. Mother's Maiden Name, " " Muhly
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, George L. Grund
9. Father's Occupation Straw Hatter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Katie Winch

Address, 800 Leadenhall Street.

Remarks,

8 9 5 0 0 0 1 9 7 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 64232

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	march 18th 1895
4. *Place of Birth, (Street and Number)*	SE cor Scott & McHenry
5. *Full Name of Mother,*	Sophia Aaron
6. *Mother's Maiden Name,*	" Frank
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph Aaron
9. *Father's Occupation*	deceased
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Geo R Graham M.D.
Address,	725 Columbia ave
Remarks,	

1895 0001980

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 64233

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 13, 1895
4. *Place of Birth, (Street and Number)* 104 Callender Alley
5. *Full Name of Mother,* Annie Bleecher.
6. *Mother's Maiden Name,* Annie Berger.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frederick Bleecher.
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke, M.D.

Address, 914 St. Charles St.

Remarks,

8 9 5 0 0 0 1 9 8 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 64234

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4ter
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	13th of May 95
4. *Place of Birth, (Street and Number)*	2226 Wilkens av
5. *Full Name of Mother,*	Lena Kick
6. *Mother's Maiden Name,*	Lena Weber
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Kick
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler midwife
Address,	2116 W Pratt St
Remarks,	

1895 0 0 0 1 9 8 2

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 64235

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IX

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 13/95
4. Place of Birth, (Street and Number) 716 S. Port St.
5. Full Name of Mother, Karolina Link
6. Mother's Maiden Name, " Schoen
7. Mother's Birthplace, Germany
8. Full Name of Father, Fred. Link
9. Father's Occupation Stevendore
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

8950001983

Wm. J. C. Dulany Co., City Printers and Stationers

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64236

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 13 - 1898
4. *Place of Birth, (Street and Number)* 527 S. Chapel St.
5. *Full Name of Mother,* Wilhelmine Wermuth
6. *Mother's Maiden Name,* Flachmayer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Wermuth
9. *Father's Occupation* Mechanic
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this return, Mary Stein

Address, 427 E. Pratt St.

Remarks,

1 8 9 5 0 0 0 1 9 8 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH 64237

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13 March 95.
4. Place of Birth, (Street and Number) 1633 Barnes St
5. Full Name of Mother, Josephian Pozemik
6. Mother's Maiden Name, Josephian Novak
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Andrew Pozemik
9. Father's Occupation, Laber
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Josephian Conrad

Address, 1621 Barnes St Baltimore Md

Remarks,

1895 0001985

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 64238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. Sex, (state whether male or female). Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, March 13, 1895.
4. Place of Birth, (Street and Number) 30 Stone Hill.
5. Full Name of Mother, Hannah Catherine Hood.
6. Mother's Maiden Name, White.
7. Mother's Birthplace, Md.
8. Full Name of Father, Holmes Thomas Hood.
9. Father's Occupation, Loom fixer.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Edward A. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, Premature.

1895U001986

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 13
4. Place of Birth, (Street and Number) 212 Hamm St
5. Full Name of Mother, Fannie Jones
6. Mother's Maiden Name, Simmons
7. Mother's Birthplace, New York
8. Full Name of Father, Edwin Jones
9. Father's Occupation Galvanizer
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, L. A. Burch M.D.

Address, 571 Hamm St

Remarks,

8750001987

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 64240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	III
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	March 13 95
4. *Place of Birth, (Street and Number)*	619 Vine St
5. *Full Name of Mother,*	Theresa Covington
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	Harry G. Ottley M.D.
Address,	622 N Lombard St
Remarks,	

1895 0001988

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64241

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 13 1893
4. Place of Birth, (Street and Number) 634 Penn alley
5. Full Name of Mother, Mrs Samuel Brooks
6. Mother's Maiden Name, /
7. Mother's Birthplace, /
8. Full Name of Father, /
9. Father's Occupation /
10. Father's Birthplace, /

Name of Medical Attendant, or other person who makes this Return, Harry G Ottley MD

Address,

Remarks,

1 8 9 5 0 0 0 1 9 8 9

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64242 V

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 13/46
4. Place of Birth, (Street and Number) Mutemite Hospital, 116 W Lanvale St
5. Full Name of Mother, Katie Mitchell
6. Mother's Maiden Name, "
7. Mother's Birthplace, Maryland
8. Full Name of Father, Unknown
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Alfred T. Lundy M.D.

Address, 115 W Lanvale St

Remarks,

1 8 9 5 0 0 0 1 9 9 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64243

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st, Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 14th 1895

4. Place of Birth, (Street and Number) 842 Columbia ave

5. Full Name of Mother, Catherine Oster

6. Mother's Maiden Name, Schultz

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John J Oster

9. Father's Occupation Cigar Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Leo Rhatany MD

Address, 725 Columbia ave

Remarks,

8 9 5 0 0 0 1 9 9 1

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 64244

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 14. (9. 30. A. M.).
4. *Place of Birth, (Street and Number)* 1324 E. Lexington street.
5. *Full Name of Mother,* Marie Weber.
6. *Mother's Maiden Name,* Behrents.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Louis Joseph Weber.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. M. Kane, for the

Address, Mothers Relief Society, 961. Milton Place.

Remarks,

8750001992

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, of any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64245 C

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	~~Feb~~ March 14th 95
4. *Place of Birth, (Street and Number)*	247 Francis st
5. *Full Name of Mother,*	Kate Moore
6. *Mother's Maiden Name,*	" Kavanagh
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Geo. H. Moore
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	L. F Frey
Address,	2414 Druid Hill Ave.
Remarks,	L C. A. pos.

8 9 5 0 0 0 1 9 9 3

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 64246

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14 March 95
4. Place of Birth, (Street and Number) 916 Broadway North
5. Full Name of Mother, Mary Miller
6. Mother's Maiden Name, Mary Bupp
7. Mother's Birthplace, Germany
8. Full Name of Father, John Miller
9. Father's Occupation, Store Keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Josephine Conrad

Address, 1621 Barnes St Baltimore Md

Remarks,

+ 8950001994

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 64247

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* March 15 99
4. *Place of Birth, (Street and Number)* Jno Hopkins Hospital 622 N Broadway St
5. *Full Name of Mother,* Marguerite McNeill
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Harry G Utley M.D. Resident Phys

Address,

Remarks.

1895000 1995

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 12-3-58

RETURN OF A BIRTH. 64248

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Annie Vera Jones

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 15, 1895
4. *Place of Birth, (Street and Number)* 1033 Johnson St.
5. *Full Name of Mother,* Emma A. Jones
6. *Mother's Maiden Name,* Emma A. Piper
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Milton D. Jones
9. *Father's Occupation,* Carpenter.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke, M.D.

Address, 914 St. Charles St.

Remarks,

18950001996

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 64249

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 15th 1895
4. *Place of Birth, (Street and Number)* 114 N. Gross st
5. *Full Name of Mother,* Fillie P. Riggin
6. *Mother's Maiden Name,* Fillie P. Linde
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Robert Lewis Riggin
9. *Father's Occupation* Iron Worker
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Katie Winsch

Address, 800 Leadenhall Street.

Remarks, ...

8 9 5 0 0 0 1 9 9 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 64250

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 15 1895
4. *Place of Birth, (Street and Number)* Chapple st 575
5. *Full Name of Mother,* Katie Crock
6. *Mother's Maiden Name,* Fuka
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* John Fuka
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Koptis

Address, 1 P Washington st 205

Remarks, 8750001998

Wm. J. C. Dulany Co., City Printers and Stationers.

...as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 15 1895
4. *Place of Birth, (Street and Number)* Durham st 808
5. *Full Name of Mother,* Mary Levy
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Francis Levy
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Roberts

Address, 1 E Washington ave

Remarks, 8 9 5 U 0 0 1 9 9 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64252

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, March 15, 1896.
4. Place of Birth, (Street and Number) 110 Cedar ave.
5. Full Name of Mother, Mary A. Wallick.
6. Mother's Maiden Name, Leitner.
7. Mother's Birthplace, Pa.
8. Full Name of Father, Peter A. Wallick.
9. Father's Occupation, Engine Holder.
10. Father's Birthplace, Pa.

Name of Medical Attendant, or other person who makes this Return, Edwin H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8 9 5 0 0 0 2 0 0 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64253

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 16-
4. Place of Birth, (Street and Number) 1407 S. Charles St
5. Full Name of Mother, Emma Volk
6. Mother's Maiden Name, " Hayward
7. Mother's Birthplace, City
8. Full Name of Father, Ld. A. Volk
9. Father's Occupation Candy-Maker
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, J. C. Bandt M.D

Address, 571 Hanover St

Remarks,

8 9 5 0 0 0 2 0 0 1

When a birth occurs, the name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 64254

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	March 16th 1894
4. *Place of Birth, (Street and Number)*	809 W Pratt St
5. *Full Name of Mother,*	Mary Robey
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wm Robey
9. *Father's Occupation*	Contractor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Geo R Graham MD
Address,	725 Columbia ave
Remarks,	

8950002002

Wm. J. C. Dulany Co,. City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64255

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 16" 1895
4. *Place of Birth, (Street and Number)*	2442 Crystal ave
5. *Full Name of Mother,*	Rosa Carrick
6. *Mother's Maiden Name,*	" Hoak
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Chas Carrick
9. *Father's Occupation*	Letter Carrier
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Leo R Eralam MD
Address,	725 Columbia ave
Remarks,	

8450002003

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED - 9/6/67

RETURN OF A BIRTH. 64256

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: MARIE ~~ELIZABETH~~ SCHMELZ

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	March 16th 1895
4. *Place of Birth, (Street and Number)*	728 Mc Henry St
5. *Full Name of Mother,*	Mary Schmelz
6. *Mother's Maiden Name,*	Merle
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Schmelz
9. *Father's Occupation*	Harness Maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Leo R Chatham MD
Address,	725 Columbia ave
Remarks,	

8 y 5 U 0 0 2 0 0 4

The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 16/95
4. Place of Birth, (Street and Number) 14 N. Madeira Alley
5. Full Name of Mother, Lina Klauenberg.
6. Mother's Maiden Name, Hofmeister
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Klauenberg
9. Father's Occupation Tinner
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough Str.

Remarks,

8950002005

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64254

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 16
4. *Place of Birth, (Street and Number)* London Edmondson ave
5. *Full Name of Mother,* Mary Lorette Thayden
6. *Mother's Maiden Name,* M. Lorette Tarbey
7. *Mother's Birthplace,* Boston Allegany Co
8. *Full Name of Father,* Thomas Joseph Thayden
9. *Father's Occupation* Gardner
10. *Father's Birthplace,* Scotland

Name of Medical Attendant, or other person who makes this Return, Mary J Pengay

Address, 2847 Lauvale st

Remarks,

8 9 5 0 0 0 2 0 0 6

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Saturday Mar 16th 1895
4. Place of Birth, (Street and Number) 1619 Race St
5. Full Name of Mother, Jennie A Kinson
6. Mother's Maiden Name, Jennie Cornell
7. Mother's Birthplace, Paris
8. Full Name of Father, Robert A Kinson
9. Father's Occupation Barber
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs Minnie

Address, 500 Leadenhall St

Remarks,

8 9 5 0 0 0 2 0 0 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH 64260

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 16th 1895
4. *Place of Birth, (Street and Number)* 420 Rogers Ave
5. *Full Name of Mother,* Pauline Schuchmann
6. *Mother's Maiden Name,* Guempel
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* John Schuchmann
9. *Father's Occupation,* Fireman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Land J Beck M.D.

Address, 314 W Lafayette St

Remarks,

8950002008

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 64261

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 16 '95
4. *Place of Birth, (Street and Number)* 433 N Washington st
5. *Full Name of Mother,* Lizzie Adler
6. *Mother's Maiden Name,* Dannenberg
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fred Adler
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Madison st

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 9 5 0 0 0 2 0 0 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64262

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 16 1895
4. *Place of Birth, (Street and Number)* Hare st 1248
5. *Full Name of Mother,* Mary Soinka
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Antony Soinka
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return Mary Kapitus

Address, N W Washington st 205

Remarks, 8 9 5 0 0 0 2 0 1 0

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said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* March 16 95
4. *Place of Birth, (Street and Number)* 847. Clifford St.
5. *Full Name of Mother,* May Jones
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Harry E Little M D.

Address, 622 W Lombard St

Remarks,

8 9 5 0 0 0 2 0 1 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64264

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (Kathryn)

1. Sex, (state whether male or female) Katie M. Goetz See note on book

2. Race or Color, (if not of the white race)

3. Date of Birth, March 17 1895

4. Place of Birth, (Street and Number) 1115 S. Ann St

5. Full Name of Mother, Minnie Goetz

6. Mother's Maiden Name, Meyer

7. Mother's Birthplace, Balto

8. Full Name of Father, John A. Gerlach Jr.

9. Father's Occupation Tin + Sheet Iron Worker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Katie Minnie

Address, 800 Leadenhall Street.

Remarks, Full given name of child added by mother upon applying for a transcript

8 9 5 0 0 2 0 1 2 Registered Bd. of H. Clerk - July 3rd 1924

Mother Minnie Goetz

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 64265

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 17th 95
4. *Place of Birth, (Street and Number)* 649 Decatur
5. *Full Name of Mother,* Mrs. Kate Lehnert
6. *Mother's Maiden Name,* Miss Kate Walker
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* John A. Lehnert
9. *Father's Occupation* (Painter)
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8950002013

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64266

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2nd, 3rd~~.) 1st

1. *Sex (state whether ~~Male~~ Female)* Female
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* March 17 — 1895
4. *Place of Birth (Street and Number)* 112 West 24th St
5. *Full Name of Mother* ~~Augusta Wagner~~ Augusta Wagner
6. *Mother's Maiden Name* ~~Wagner~~ Dodge
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* C. & W. Wagner. Edward H. Wagner
9. *Father's Occupation* Clk. in Restaurant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return J. A. Baden.

Address 2105 Calvert St

Remarks

8 4 5 0 0 0 2 0 1 4

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advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 64267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 17 1895
4. Place of Birth, (Street and Number) 1721 E. Lombard Str.
5. Full Name of Mother, Maggie Friedel
6. Mother's Maiden Name, " Arnold
7. Mother's Birthplace, Balto.
8. Full Name of Father, Louis Friedel
9. Father's Occupation Saloonkeeper
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough Str.

Remarks,

1 8 9 5 0 0 0 2 0 1 5

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 64268

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17 march 1893
4. Place of Birth, (Street and Number) 419 Bethel St
5. Full Name of Mother, Maggie Hain
6. Mother's Maiden Name, Mibbi John
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fred Hain
9. Father's Occupation Cooper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Ellen Smith

Address, 504 South Washington St.

Remarks,

8 9 5 0 0 0 2 0 1 6

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...been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64369 C

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, March 17 1895

4. Place of Birth, (Street and Number) 910 W Hopkins Ave

5. Full Name of Mother, Annie A. Robinson

6. Mother's Maiden Name, Laughfeland

7. Mother's Birthplace, Balto

8. Full Name of Father, Wallace H. Robinson

9. Father's Occupation, Cooper

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 1438 N. Bond

Remarks,

8 9 5 0 0 0 2 0 1 7

Said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 64270

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 10th 95
4. Place of Birth, (Street and Number) 523 E Calvert St
5. Full Name of Mother, Laura A Smith
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Carroll Co Maryland
8. Full Name of Father, Ernest F Smith
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, [illegible] C Clarke

Address, 523 E Calvert St

Remarks, 1895000 2018

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 64271

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 17 1895
4. Place of Birth, (Street and Number) 2 Durham st 116
5. Full Name of Mother, Augusta Bozonta
6. Mother's Maiden Name, Grames
7. Mother's Birthplace, Grenada
8. Full Name of Father, Jule Bozonta
9. Father's Occupation Labor
10. Father's Birthplace, Grenada

Name of Medical Attendant, or other person who makes this Return Mary Hopkins

Address, 2 W Washington 116

Remarks, 8950002019

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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BY Linda D. Waller
(SIGNATURE OF OPERATOR)

DATE 8/25/78

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